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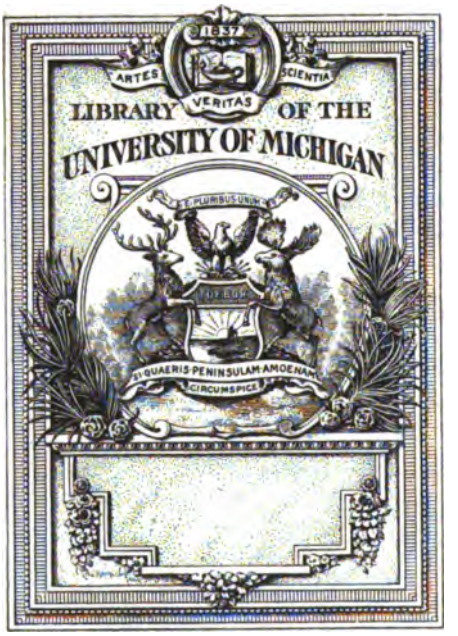

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PHILADELPHIA MEDICAL TIMES.

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CLINICAL LECTURE.

HÔPITAL DE LA PITIÈ, PARIS.

PROFESSOR JACCOUD,

ON THE TREATMENT OF TYPHOID FEVER.

(Translated by Thomas Linn, M.D., Paris).

GENTLEMEN: Those among you who follow my service constantly have no doubt noticed that I put typhoid fever patients under a form of treatment that is somewhat complex, but it is always the same and uniform in character, although some of the means used are variable; but these last are not always used, as they are subject to certain conditions that I will explain more exactly after I have first given you my regular or constant treatment.

The moment the diagnosis is certainly made, I invariably place the patient on a fixed regimen which consists of one and a-half to two quarts of milk per day, and this is the fundamental agent of the system. You must never forget that one of the essential and constant dangers in typhoid fever is urinary insufficiency, both in quantity and quality. By the administration at once of milk, I assure as far as I can, a proper uresis. You will have no trouble in getting these patients to take milk; they gladly accept any fluids, even those who dislike milk when well will readily take a quart the first day, and get up to two in a few days. You may also add a little soup to this diet, and in all cases give at least a half pint of good wine every twenty-four hours (Bordeaux claret used here). This give pure or mixed in a little water, and in several doses, but always the full quantity of wine every day.

Next to this I use the *antithermic* methods. I say the antithermic, and not the antipyretic, as the first acts by *subtracting* a certain quantity of caloric from the patient, while the last acts on the production of the heat itself. I employ cold lotions of aromatic vinegar, and have two of them applied if the evening temperature is not over 39° centigrade. If it goes to 39.5° I use six lotions, and if it rises to 40° and *a fortiori* over, I have eight applied; that is to say one every three hours. This causes a fall of temperavarying from 0.7° to one degree after each application, and this lasts from half an hour to an hour. The result is that this temporary refrigeration, often repeated, will sometimes become permanent or antipyretic. But I only wish to impress you with its antithermic effects. These lotions are used from the first and are continued on into

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the convalescent period. Besides this I use *stimulation*. From the first day these patients take some form of alcohol, rum, brandy, etc., whatever they find the most agreeable or least disagreeable. I give at first 40 grammes, and where the dynamic phenomena are intense, I raise the dose to 60, 70 and 80 grammes in twenty-four hours. I put this in the form of a cordial, adding four grammes of cinchona extract to it, and during the last half of the malady, I put in from 4 to 7 grammes of acetate of ammonia. This cordial may be slightly varied to suit the taste of different patients, by adding such flavoring matter as is desired, but the plain form is best when well taken. Should bronchial or broncho-pulmonary catarrh be intense during the thoracic symptoms, I have applied on the inferior members at least 40 dry cups, repeating this for six to eight days, according to the case.

This is the whole of my uniform treatment in a large majority of cases, so that if there are no bronchial symptoms you can readily put it in one line, *milk*, *wine*, *cold lotions*, *and the alcoholic potion*.

Now, what is my variable treatment? Well, first of all, it is not a modification of the regular system used, which always remains the same. Whatever else I introduce the fundamental treatment described remains fixed and the rest is added to it. I use then in addition sometimes antipyretic medication, that is to say quinine and salicylic acid and another agent of which I will speak later on, this is digitalis. First as to quinine and salicylic, these I use when the fever is not subdued by several days of cold lotions and is *serious*. You will ask me, when is a fever serious? You must *not* judge of the gravity of fever by the vesperal or evening temperature and believe that a high evening temperature is a sign of a dangerous fever. It of itself means nothing at all. If there is a series of high evening temperatures it is more important, say 40.5° to 41° for several days; but your real and only true guide is the *remissions;* a fever relatively weak, if it has very weak remissions, is more serious for the organism than a fever that may have high vesperal temperatures and strong morning remissions. In the last case, the body rests more and is not *constantly* under a maximum of combustion. But how are you to judge that the remission is sufficient? So that the fever of itself shall not be a serious danger, the principle, gentlemen, is an infallible one. *The remissions must be equal to the diurnal oscillation of the temperature.* If the fever does not present daily remissions at least equal to the oscillation, the fever is serious of itself and must be treated.

The diurnal oscillation of physiological temperature is from 0.8° to 1°, and if a fever presents remissions equal to this it has no intrinsic gravity, and I only use the regular treatment as described; but when the remissions are less, for instance only 0.5°, and the more so when the line approaches the level, then I give, as a rule, quinine. I consider the salicylic acid better in this malady; but I am not always free to give it owing to the contra-indications; so that quinine is the base of my additional treatment. What dose, and how do I use it? First, I never give quinine three days in succession; as a rule only two, and the first day I give the maximum dose, 2 grammes of bi-hydrobromate of quinine, which is equal to 1.50 grammes of sulphate of quinine.

I find this salt to be best borne by the stomach, and when there is cerebral excitation the bromine in it is not to be despised. The full dose of two grammes is given in a hour, in four parts, every quarter of an hour 50 centigrammes, so that there will be accumulation, which cannot be obtained otherwise, owing to the rapid elimination of the quinine; you know that this must be done seven or eight hours before the high temperature is expected, to get the full effect in time. If you wish to modify the evening temperature give it in the morning, and *vice versa*. I never give the same dose the next day; if two grammes are given one day, I give 1.50 the next, and then suspend treatment one to several days, depending on the result obtained; remember that the effect is more marked on the morning temperature than on the evening, as the physiological fall is added.

When I use salicylic acid I give it in the same way; but I told you it had cer-

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tain contra-indications, while I am sure it has an equal action on the fever, and it also has a diuretic action, as it is eliminated as salicyluric acid; but since I have used milk I don't attach so much importance to this last action, but certainly its antiseptic power is superior to quinine. Then why don't I use it? Because, gentlemen, of its contra-indications, as I said before; they are its renal determination, heart weakness, cerebral accidents, and alcoholism in the patient. Even in rheumatism we have to respect these contra-indications, so much more in typhoid fever, where the heart, kidneys and brain are so often affected; even when there are bronchial troubles it should not be given, as the heart is weakened; but when these contra-indications are not present I prefer salicylic acid to quinine.

In regard to the use of digitalis in typhoid fever, many times, gentlemen, you will find after the second week, even when you have modified the fever and all is doing well, that the pulse will be weak, and if you examine the heart you will find its action is poor, the impulsion feeble, and the sounds, above all the first, very much weakened; in some cases you won't even hear the first sound at all. It is not a pericarditis, nor endocarditis, for if the patient dies you will not find the signs of those troubles, but a weakness of the muscular fibres of the heart structure itself. I treat these symptoms with digitalis, and I am confident that many of these patients owe their lives to its action. It is perhaps useless to tell you that no other medicine is given while using the digitalis, as you know I am not in favor of medicinal warfare by mixtures. I continue the lotions, wine and milk, and the cordial potion, and add an infusion of digitalis, according to the state of the heart and the tolerance of the patient for the drug. I rarely give more than 0. gr. 60 in 24 hours and give *less* the next day, say 0.40, and if the heart weakens again, I return to the charge.

In all this treatment you have not heard me speak of the diarrhœa you find in typhoid fever; and the reason is that I never try to stop it, and even provoke it when it does not exist. This should not surprise you. You, like myself, must represent this typhoid process as having its source in the intestines; there must exist there a pullulation of pathogenic germs that, either by themselves or their products, poison the organism and keep up the disease by re-absorption; so therefore let them come away by the natural diarrhœa in these cases. (Professor Peter uses cold water in rectal injections for this purpose.) I prefer to provoke the diarrhœa if it does not continue; on this account I am not a partisan of what is called intestinal antisepsis, as I believe there is no advantage in disinfecting the intestinal matters, if they are evacuated as they should be. It is only the interstital infiltrations of the innumerable pathogenic agents that are mostly deep in the intestinal mucous membrane and their passage into the mesenteric ganglions, and the spleen that is dangerous. How can antisepsis act against these sources of re-absorption? So that if these matters are eliminated I do not bother about their disinfection, which can only interest the nurses by the smell. But I fear there is great danger in constipation, by closing the door of this natural outlet of poisons, as I find may be caused by *naphthol beta*. Besides I do not know of any cases as yet where the duration of disease has been shortened by intestinal antisepsis nor any statistics showing that it has modified the figures of mortality of typhoid fever. I shall be glad to know that it can be done however, and will hasten to use the method.

AMERICAN ASSOCIATION OF GYNÆCOLOGISTS AND OBSTETRICIANS.

PRESIDENT'S ADDRESS.

BY WILLIAM H. TAYLOR, M. D.,
CINCINNATI, OHIO.

GENTLEMEN: — Under the very auspicious circumstances which have attended this meeting I esteem it a high honor to have been made its presiding officer, and I feel it incumbent upon me to express my sense of obligation to you for placing me in this position. At the same time I must say that I appreciate the great responsibility, and have felt the need of your generous consideration in my efforts to discharge its duties.

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In thus assembling for the first time as a Society, it may be very proper to demand a reason for its existence. The daily round of professional experience impresses the practitioner of medicine with the fact that there is much yet to learn, and to the man who sees in his avocation something more than a mere source of pecuniary profit—there must arise the desire to know that unknown. No argument is needed to prove the assertion that the united effort of many is more fruitful than the inharmonious working of individuals, hence the propriety of coöperation, *i. e.*, organization.

In the words of an eloquent member of another profession, "It seems very certain that the world is to grow better and richer in the future, not by the magnificent achievements of the highly gifted few, but by the patient faithfulness of the one-talented many." It may be admitted that the motive of our association is first our own advancement, yet it cannot be considered undue self-adulation if we believe that from such combined effort good must come to the profession at large, and, necessarily, through the profession to those who above all others are interested in the perfection of our knowledge and skill —our clients.

The activity of the past decade has given us so many important facts that it would scarcely be hyperbole to say that a new practice of gynecology has been created in that time, and no words of mine can in any full degree express the wonderful benefactions of the recent advances thus made; but the very fact that there has been such progress, and that so much which but a few years ago was impracticable or even unknown is now feasible and well known, only stimulates us to better work and further advance, and with the vast range of study and the diversity of subjects now comprehended by the science of medicine, it is clear beyond controversy that advance can be made only by men directing their effort to a limited field of work.

Such, gentlemen, I believe are sufficient reasons for our presence here today as the American Association of Obstetricians and Gynecologists, and never in the history of our profession have the auguries been so auspicious for the accomplishment of the purposes set before us, as evinced by the cosmopolitan harmony and close association of our profession in all parts of the world, in the facilities for the speedy transmission of every item of interest, of every discovery and of every suggestion; and more important than all else, by the number of devoted workers who, animated by no unworthy craving for worldly honor or love of gain, are delving into the mysteries of the human frame, scrutinizing every group of asserted facts as the slave does his handful of earth for the diamond. And what matter if the enthusiast does cry out in exultation over what may prove not to be a gem, yet the precious stones of truth that are found abundantly pay for the toil.

While I have felt the great honor of my position, I have also realized the great difficulty of bringing anything before you worthy of your attention, or that may even in a small degree contribute to the success of our organization. The past work of our branch of practice is so recent and so entirely familiar to you that it would be altogether inappropriate to take any time in presenting it. A glance at the programme laid before you will convince you that the various practical topics which are so important are to constitute much of the subject matter for discussion here and, therefore, it is inexpedient for me to dwell upon them now, great as is the temptation so to do.

The proper indications for abdominal section, the true position which electricity shall occupy in gynecology, the propriety of hysterectomy, the value of Alexander's operation and its newly devised congener abdominal fixation for retrodeviations of the uterus, the relative merits of craniotomy, Cæsarean section and induced labor, the best method of dealing with extra uterine pregnancy, the proper means of securing antisepsis, are all questions fraught with great interest and merit the most thorough study, and so confident am I, that before this meeting closes much light will be shed upon many or all of them by your deliberations, that I shall pass them by without further consider-

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ation, and having remitted to your care those topics which undoubtedly claim most of your attention and awaken most of your interest, I am constrained to bring before you subjects which may seem of little import; but you will at once agree with me that in the daily routine with most of us, the less important subjects are those which most constantly demand our thought, and assuredly nothing which contributes to the welfare of those who require our care can be too trivial for our study.

Let me now direct your attention to what in my opinion are subjects worthy of our earnest thought, premising my remarks with the statement that the association must not be held responsible for the opinions of any individual, and especially can there be no ex cathedra utterances promulgated, but each member must be held accountable for his own sentiments.

So grand have been the results of abdominal section for diseases of women in the hands of skilled men in our own land and abroad that only words of highest commendation are appropriate. These achievements which challenge our admiration and demand the grateful acknowledgment of all who are interested in the mitigation of suffering, are the results of years of toil and conscientious study; but, unhappily, the success is seen while the steps which led to it are overlooked; as a consequence, men without the professional or moral qualifications for such responsible services have been drawn into this line of work till I am sure I am justified in the assertion that to-day laparotomy is done too often and with insufficient grounds for so serious a procedure. Dr. Parvin has recently said, "It cannot be denied that there is a growing belief in the professional mind that these operations are too frequently resorted to, and therefore their indications ought to be clearly established and the presence of the latter conclusively demonstrated before a woman is subjected to what otherwise is an odious mutilation. The results of the operation having been so satisfactory, is there not great danger of such operations being too frequently performed? Nay, is there not danger that men without experience, deceived by the glamor of brilliant statistics and ambitious of fame as operators, will decide upon and perform these operations when there is no necessity for them, and no benefit follows them, or they are fatal?" That such complaints are well grounded cannot be denied; but this admission by no means implies that the operation is to be condemned. Through all history great advances in every sphere of life have had unworthy advocates, but whose existence only serves to establish the value of the cause they champion. And in our own profession have not vaccination and anæsthesia and ovariotomy been subject to such animadversion and misinterpretation, and yet have vindicated their claim to the position of benefactions to the race? So shall it be with laparotomy, and surely it is well within the province of this Association to more clearly establish the propriety of the operation, remove unreasonable objections, and seek to prevent its undue performance.

An opinion has large credence among the laity, and is endorsed by some members of our profession that intentional abortion is a common crime, and statisticians and social scientists see in the decreasing fecundity of American women clear evidence of the truth of this charge. That some women are guilty admits of no doubt; but that it is so universal an evil as sensational literature, especially of non-professional origin, would indicate, I do not believe.

Permit me to direct your attention to a more demonstrable cause for diminishing fertility. I need but remind you of the deleterious influence of social habits and circumstances over the functions and physique of women, and consequently how many fashionably educated girls are incapable of completing the process of maternity, or if they do pass through it how seriously they are damaged thereby. Those who are fond of charging American women with the crime referred to cite us to the rich, the educated, the refined as guilty, while their sisters who are less favored financially, and humbler socially bear their due proportion of children. Now is it not a truthful statement, that the first class are the physically feeble, the enervated, and *therefore* incapable of carrying the process of reproduction to its ultimate

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perfection? To corroborate this view, Dr. W. W. Johnson has recently said that "the confirmed ill health so common after the establishment of the marriage relation and childbirth among American women in a large number of cases is dependent upon alterations and diseases of the genitalia," which probably are the more intense because of the original debility of the subject, and Dr. J. C. Hoag says: "that a lack of fecundity on the part of a woman is often due to endometritis, and is overcome by the cure of the diseased condition is a matter of frequent clinical experience," and Kleinwaechter has shown that of ninety cases of sterility after the birth of one child nearly one-half were subject to inflammatory processes of the genitalia. Accept these statements as true and a rational explanation of the asserted evil is found, and it is at once transferred from the domain of ethics and morals to within the pale of our professional care and becomes a fit subject for our efforts at cure; and at the same time, vindicates those whom we look upon as the purest and best from the indiscriminate charge of murder of their unborn children.

I believe the influence of the genitalia over the general system especially in its nervous manifestations has been exaggerated. The idea expressed in classic language that "Woman is because of the uterus," or more correctly "because of the ovaries," though in some respects true has led to false deductions and erroneous practices.

J. Matthews Duncan has recently said: "The influence of disease of the ovaries is not so potent or important as that of the liver on the health of the individual," and the careful study of Dr. Grace Peckham is strong testimony against the disproportionate influence of morbid conditions of the organs of generation. Uherek thinks that entirely too much attention has been paid to the genital organs in connection with neuroses. Even if there are lesions which have resulted from parturition the general condition should receive a large share of attention, and observation of results of operation for nervous diseases confirm these views. Our associate Wathen has recently said: "The removal of healthy ovaries or tubes to cure epilepsy or vague nervous diseases not due to irritation of the pelvic organs was not more consistent than the castration of a man for similar purposes," and our associate Van der Veer's experience regarding hystero-epilepsy was that it had not been cured by removal of the appendages, and Parvin, quoting Reverdin, says that among all the cases of castration for nervous diseases in Paris very many have not resulted favorably. Now with such testimony is it not incumbent on us at least to utter an admonition against the removal of normal ovaries for lesions of the nervous system?

A subject of practical importance urgently demanding attention from the obstetrical section of our association, is the constantly increasing inability of woman who should be "nursing mothers" to furnish milk for their infants. No words from me are needed to impress upon you the fact that many women who have borne children are incapable of nourishing them, but perhaps you have not appreciated the fact of the very large proportion who are thus defective, probably about 40 per cent. with us; and according to the investigations of Escherich and others 50 per cent. of mothers become incapable from physical causes of nursing their children within two months after delivery. The incapacity to perform this function, upon which more than any other the well-being of the child depends, is in large degree the inherited result of habits tending to impair the integrity of the mammary gland, as vicious modes of dress, disregard of maternal duty, and even sometimes suppression of the developing gland; all of them conditions over which we may hope by degrees to exercise salutary influences and bring about a better state of affairs.

Another topic well worthy of our most careful thought is, what can be done to mitigate the pains of labor? We all have promptly adopted the custom of lessening the intensity of suffering in the latter part of the second stage by the use of anæsthetics, and almost as common is the use of chloral at an early period; but my impression is that with the great majority of obstetricians but little is done to lessen

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pain during a large part of the process of delivery.

With the abundant therapeutic resources of the present day, we ought surely to divest this ordeal of the intensity of its pain.

I trust by another meeting to make report upon experiments I am now making.

Our highest conception of a benefactor is one who prevents evil, rather than one who mitigates or seeks to cure the evil after its development.. While the duties of the physician are to a very great degree limited to the removal of existing diseases, and in such office he must gain his most *obvious* triumphs, yet all will concur with me that our whole duty will not be done unless we seek to *prevent* many of the ills we so often are called upon to cure. And herewith I feel that I offer you one of the most difficult problems to solve. In adopting a new remedy or advocating a new procedure in surgery we address men whose training qualifies them to judge carefully and appreciate the means and the end in view, but to advocate hygienic or preventive measures, we appeal at once to the laity and invoke the co-operation of those little disposed to make the effort demanded.

But this indifference is neither the sole reason nor the most potent cause for the imperfect results accruing from labor in this direction. History plainly teaches us that physical degeneracy has been an invariable sequence of national success and financial prosperity. I need only remind you of the fact, that the most learned and prosperous nation in each age of the world has succumbed to a less civilized race. To borrow from a recent writer, "It is the old, old story of riches, luxury and effeminacy, and a horde of athletic savages. Once let the conventionalities and artificial restrictions of a so-called civilization interfere with the healthful simplicity of nature and decay is certain."

Must we not admit the essential truth of this statement? How fragile are many of the women with whom we have to deal! Time forbids that I should go into details, but you are well aware that the methods of culture, physical, intellectual and social, to which a girl is subjected, not only do not conduce to physical vigor, but lead to positive deterioration and serve to magnify defects of constitution which may have been derived from ancestry, and as the struggle for bread winning grows sharper the girls of the humbler classes are subjected to hardships which impair their powers and retard healthful development. It has been clearly shown that the anæmia of puberty is much more common among girls who pursue sedentary occupations, and in cities than in the country. Recognizing the existence of these influences inimical to the health of women, it becomes especially a duty of men in our section of the profession to strive to effect their removal.

While presenting these topics to you as worthy the consideration of an assemblage so competent to investigate all that pertains to the science and practice of obstetrics and gynecology, I have been much impressed with the value of a carefully prepared system of collective investigation by which the experience of so large a number of active workers might be collected and contribute largely to the decision of mooted points of practice.

The beneficent result of comparative study of a given topic is remarkably demonstrated in the modifications of Lister's methods of disinfection. With what alacrity did nearly all operators adopt his suggestions, and how speedily did they learn that much of his method was superfluous, and how little now remains of the original system, and yet we will all bear glad testimony to the soundness of his principle and to the glorious fruit it has borne. So, too, the Cæsarean section, upon which have been grafted so many modifications, nearly all of which have been submitted to the criticism of practical experience, and have been cast aside as harmful, or at least needless. With such examples no further argument is required to establish the value of a carefully devised system of case taking and reporting under our supervision.

But one thought more, and I have done. Grand as *has* been the success of our profession, we are not to rest here. We can appeal to our past experience and realize the instability of

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much that may have cost us great toil. Slightly to change a remark of Dr. Alexander Simpson, "Doctrines and practices in favor at this Congress are sure to be modified and may be even superseded at the next; the lapse of five years takes the bloom off of the best text-books, and in ten years they are discarded, or have to be well nigh re-written." Science knows no sentiment, and we can cherish the achievements of the past only so far as they aid us for the future; and what is our future? Dr. E. M. Moore recently said: "It is difficult at the present moment to define the possibilities of modern surgery. It is a fit representative of the time we live in—a combination of science and action," accepting that as expressive of our present status. I shall add, and as in other departments of applied science almost every day brings a new surprise, so we may confidently anticipate advances and successes which shall as far surpass our present attainments as these do those of the past generation; and happy may we count ourselves that this Association, so auspiciously established, shall contribute to these magnificent and beneficent attainments.

ORIGINAL ARTICLES.

LAPAROTOMY IN PERITONITIS.

Read before the American Association of Obstetricians and Gynecologists, at Washington, Sept. 18th, 1888, by E. E. MONTGOMERY, M.D., Prof. of Gynecology in the Medico-Chirurgical College of Philadelphia, and Obstetrician to the Philadelphia Hospital.

THE dread of disturbing the peritoneal cavity has been so great as to well justify the assertion of Wagner, that he and his contemporaries had been nurtured in the fear of the Lord and of the peritoneum.

Inflammatory and suppurative processes, that in other portions of the body would have received early surgical intervention, were here allowed to continue their course undisturbed, until the vital forces of the patient were exhausted, or Nature had fortunately furnished a channel of exit. This seems the more remarkable, when we consider the work that had already been done in the field of abdominal surgery.

Peritonitis varies in its phenomena according to the condition producing it. The existence of idiopathic peritonitis was formerly denied; but it has been demonstrated that the disease can arise from exposure to cold and dampness. In this form, the quantity of exudation is limited, unless the inflammation is very acute, and is likely to be of a serous or a fibro-serous character. As the inflammation subsides, the exudation is absorbed, and after recovery the patient seems none the worse for the attack.

Such a fortunate result, however, is the exception rather than the rule. The exudation, more frequently, becomes purulent, or there is an early secretion of pus.

Pus collections occur in the abdominal cavity, either as an exudation or as encysted collections, and may result from either acute (partial or diffuse) or chronic peritonitis.

The collections of pus in the circumscribed form are generally of slight extent, and are, most frequently, found in the region of the vermiform appendix and female sexual organs. In chronic peritonitis, the quantity of fluid exudation is not usually very considerable, and but rarely of a purely purulent character. The largest and most extensive collections of pus take place in acute peritoneal inflammations, and are frequently the product and residuum of such disease. The purulent exudation is more likely to occur in the puerperal and metastatic forms, in which it is introduced through contact of the peritoneum with hetereogeneous bodies and fluids, and ulcerative processes in the various abdominal organs.

According to Bamberger, the exudation, in its beginning, is fibrinous, but that there is a primary pus formation is evident from the fact that Abercrombie and others have found pus in the abdomen, where death had occurred within 48 hours of the beginning of the inflammatory process. Kaiser, in a case of puerperal peritonitis of 36 hours duration, found over a gallon of pus. As it is now recognized that the maxim "ubi pus, ibi evacua" should govern as well in the peritoneal as in the pleural

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cavity, the question of how we shall determine the presence and character of an exudation is an important one.

Kaiser says that from the early part of the present century, the following complex symptoms were considered as indicating empyema of the peritoneum: If the patient continued eight or ten days sick without any alleviation, we had every reason to fear this sad termination. If up to this time he has had severe chills, cold extremities, and the abdomen becomes less painful, but is swollen, heavy and doughy, evening chills, pulse continues same or is smaller (a symptom that Abercrombie regarded as very ominous), frequent, free, and offensive fæcal discharges, and the various excretions and secretions remain disordered, it is probable that pus is either forming or has formed. An important indication of its presence is hectic fever.

Martin concedes the purulent character of the exudation, if at the end of the acute stage of the peritonitis:

1. Fluctuation is distinct;
2. The quantity of fluid remains stationary, or slightly abates;
3. The limits of the dull percussion sound are increased in the upright position; and
4. Alteration of the level of dulness takes place according to position. Attacks of chills, cessation of spontaneous pain, continuation of sensitiveness upon contact and movement, make the diagnosis certain. The fourth rule can not be insisted upon as absolute; for the pus may, indeed is likely to become encysted, and its level does not change with the body movements.

The diagnosis of suspected pus in the peritoneal cavity can be confirmed by exploratory puncture, which may be done by the use of the hypodermic or small aspirator needle.

Small quantities of pus, or large collections, enclosed between the folds of the intestines and mesentery, are difficult to recognize. By palpation, percussion, and exploratory puncture, we are able to recognize only collections sufficiently large to produce dulness upon percussion, afford the sensation of fluctuation, or such as are palpable as swellings. The most readily recognized are collections in the anterior abdominal wall, and in the pouch of Douglas. A free effusion in the latter is mostly felt as a trifling sense of resistance, which, Hegar says, at best, is similar to the resistance of a feather pillow. The posterior vaginal fornix, however, is perceptibly broadened. Pus may form in the subserous tissue of the anterior wall (peritonitis externa) to be differentiated from an intraperitoneal collection. Frequently both forms may combine and render the diagnosis still more difficult. It should be remembered that an extraperitoneal abscess may penetrate inwards and produce an attack of peritonitis.

Cases of peritoneal empyema may terminate in several ways: 1. Absorption of the serum may occur and even pus corpuscles may be taken up by the lymphatics, but mostly after they have undergone fatty metamorphosis.

2. Inspissation, cheesy metamorphosis, and cretefaction of the pus through absorption of the serum, disintegration and cretefaction of the detritus. This deposit remains a source of danger, as by its absorption it may lead to the development of pyæmia and tuberculous processes.

3. Decomposition of the pus and the formation of gases, which always result fatally unless an early evacuation of the poisonous elements is secured.

It should be remembered that while pain is the most frequent symptom of peritonitis, cases occur in which the onset of the disease is very insidious, and pain is entirely absent.

A case of puerperal peritonitis occurred in the writer's experience in which, in addition to absence of spontaneous pain, the distended abdomen was not sensitive to pressure, and could be kneaded over without the patient showing any trace of suffering; she died within thirty-six hours and the autopsy disclosed over a quart of pus within the peritoneal cavity.

The progress of purulent peritonitis is extremely rapid, and its fatality is well known. The cause of death is the rapid absorption from a large serous surface.

It is not the purpose of this paper to discuss the medical treatment of this disorder.

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Non-purulent effusion may be evacuated by puncture; but suppuration in the peritoneal cavity should be treated like suppuration in the pleural and articular cavities, and the result will correspond to the promptness and thoroughness of the treatment. No procedure short of laparotomy is justifiable; for it allows of thorough evacuation of the pus, complete cleansing of the abdominal cavity, separation of the adhesions (which may form collections of pus), the removal of exudation and perfect drainage. It also permits thorough examination of the abdominal cavity, and may enable us to discover and remove the cause of the inflammation.

Barwell, in a case of suppurative peritonitis, contented himself with washing and sponging out the abdomen thoroughly, and closing the wound without drainage. He objects to the insertion of the drainage tube from above, as being an ineffective method of emptying the cavity. Treves, Truc, and others favor the drainage tube, practicing frequent irrigation where the conditions require it.

In the puerperal form suppuration is a prominent and early result. In the hyper-acute, the progress is exceedingly rapid, terminating in death in two or three days. The surgical treatment is exceedingly important, and is especially indicated by marked tympanites and peritoneal effusion. The tympanites may be relieved by intestinal puncture, as was first practiced by Depaul.

If the effusion is simple serum, it too may be evacuated by puncture; but where sanious or purulent, laparotomy and drainage should be practiced.

Perforative peritonitis causes a great diversity of opinion as to the limitations of the operative procedure in its traumatic and pathological forms. Escher and Truc would limit the performance of laparotomy to the cases of traumatic origin; for in these the adhesive inflammation cannot be relied upon to limit the escape of the contents of the viscus. The patient is usually healthy, and the tissues of the viscus are in good condition, and sutures are readily borne should resection be required. In pathological conditions, the adhesive peritonitis can render more valuable service; the intestines may be extensively diseased; the condition of the patient is usually exhausted by the duration and character of the disease, so that the strength is not fitted to endure a protracted operation, and the softened state of the tissues gives no guarantee of continued closure. Hence they would not operate in perforations resulting from typhoid, dysenteric and tuberculous ulcers. Mikulicz, however, advises the operation in every case of perforative peritonitis, where the patient is not already in collapse, and directs that the operation should be done as soon as possible. A number of successful cases seem to demonstrate the wisdom of such advice.

Ebstein lays stress upon the abdomen being hard and rigid as an indication of impending perforative peritonitis.

After perforation, we are likely to find the abdomen distended from the escape into and the formation of gases in the peritoneal cavity. The distinction between intestinal and peritoneal meteorism as they occur in acute and perforative peritonitis, Wagner says, is that in the former, coils of intestines are visible, and movements may be felt, or, at least, heard by ausculation, while in the latter no movements are perceptible by any method, for the intestines are pushed back by the gas in the peritoneal cavity. The treatment, as has already been indicated, is to open the abdomen, search for and suture the perforation, cleanse the cavity, and use drainage if necessary.

Peritonitis resulting from the *rupture* of *abscesses* demands prompt laparotomy, and the success of Tait, Treves, Israel and Burchard show that this operation, with careful cleansing of the abdomen, can save the patient.

In no class of cases, probably, is the abdominal surgeon more tried than in inflammations of the cæcal region. Cases of inflammation occur and are medically treated, while the surgeon anxiously watches the case until the severe symptoms subside and convalescence takes place, and then rejoices that he did not yield to the temptation to operate. Another case will have an attack apparently no more intense, will for a time progress well, and then will

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undergo a sudden augmentation of the inflammatory action, and the patient rapidly succumbs. It is a constant regret that this patient had not been subjected to operation. Some years ago, I was called to treat a young man aged 19 years, who complained of severe pains in the right inguinal region following diarrhœa. Upon examination this region was found exquisitely tender to pressure; a tympanitic swelling extended upward and toward the median line. He was promptly placed in bed, leeched, brought under the influence of morphia, and kept upon a liquid diet. The whole abdomen became tympanitic and tender, though the right side remained the most sensitive. The temperature did not exceed 102°. By the eighth day all the inflammatory symptoms had begun to subside, and the pain had ceased. Early on the ninth day I was called and found that he had been awakened from a sound sleep by a tearing pain; he was then in collapse, and died a few hours later. The autopsy disclosed that the end of the appendix had sloughed off; cæcum and appendix were enveloped in a collection of pus enclosed by the matting together of intestinal loops; the intraperitoneal abscess sac had, however, been ruptured by a hemorrhage from the vessels of the appendix. The enclosure contained nearly a quart of blood, a portion of which, with the pus, had escaped into the abdominal cavity.

How are we to distinguish the cases for operation, and when it should be done?

In those cases in which it is evident, from the absence of severe pain and tenderness, tympanites but slight, and an accumulation of a semi-solid consistence, that fæcal impaction or catarrhal inflammation exists, we may wait. In cases, however, where the onset is sudden, pain intense, spread of peritonitis rapid, early treatment is important. Of 176 cases quoted by Fitz, thirty-four per cent. died in the first three days. In children the mortality reached seventy per cent. The majority of these cases result from perforation of the intraperitoneal appendix. From this lesion abscesses form, allowing extravasation of fæces, gas and other infectious materials arising from necrotic processes, into the peritoneal cavity; or the intestines may be glued together, and shut off the infectious materials from the rest of the cavity, forming an intraperitoneal abscess; or, again, through old adhesions the posterior peritoneum may be involved and form an extraperitoneal abscess.

We have seen, from the rapid progress of the disease, the importance of early interference. Sands, in a successful case, operated upon the second day.

Operators differ as to the proper method of procedure. Sands makes the incision perpendicular to the middle of Poupart's ligament, while Willard made it parallel to the ligament. Either incision would be preferable to the median in affording more convenient access to the affected structures. If the appendix is found gangrenous, or the seat of the perforation, its amputation and suturing of the stump would seem preferable to ligaturing the appendix, as has been done in some cases. After the removal of necrotic tissue and closure of the perforations, the peritoneal cavity should be thoroughly cleansed, a drainage tube inserted and the wound sutured and dressed.

The importance of at once giving free vent of septic or purulent collections in peritonitis following surgical operations upon the abdomen is now so well recognized a principle of treatment that it does not require discussion.

In no class of diseases, probably, is the beneficial influence of abdominal section better displayed than in the treatment of tubercular peritonitis. This plan of treatment is purely empirical, and its beneficial effects were determined by accident. For a knowledge of its value we are indebted to Spencer Wells, who operated upon a case of supposed ovarian cyst, which proved to be one of tubercular peritonitis, in which the cavity was studded with tubercular masses, and omentum and intestines were matted together. This patient was in good health twenty-three years later.

A number of cases have occurred, in which laparotomy has been done under mistaken diagnosis, in tubercular disease, with almost universally favorable results. In this connection, a case of

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my own, I trust, will not prove uninteresting. A young girl, aged 16 years, was seen in consultation with Drs. Heilman and Stone. She had been suffering for four days with frequent attacks of vomiting, which later had become stercoraceous; the abdomen was very tympanitic, and quite tender to pressure. No fæcal evacuation had occured since her sickness, and the secretion of urine was scant. The highest temperature had been 101°, pulse 120. General appearance was bad. She had been a very slight, poorly nourished girl before this attack. She was supposed to be suffering from intestinal obstruction, and laparotomy was determined upon with a view to ascertain, and, if possible, remove the cause. A median incision, about five inches long, was made; and a few ounces of dirty serum removed. The intestines were drawn out and examined, but no obstruction was found. The peritoneum was studded with millet seed sized tubercles. A number of punctures were made in the intestines with a hypodermic needle to evacuate the flatus and enable us to close the wound; the cavity, owing to the bad condition of the patient, was hastily washed out, and the abdomen closed. Two days later the bowels were freely moved, and the subsequent progress of the patient was unusually rapid. Her condition of health and general appearance since have been very greatly improved.

Of thirty cases collected by Kummell, and six by others, but six ended fatally. In a number, various antiseptics, as iodoform, carbolic acid, and corrosive sublimate, were used; but the relief seems just as certain and permanent where the operator has contented himself with merely washing or sponging out the cavity with pure water. The favorable result is attributed to the removal of the serum, which serves as an excellent culture fluid for the multiplication of the bacilli. The unexpected relief obtained in such cases by laparotomy might lead to the correctness of the diagnosis being questioned; but the cases of Poten, Hartwig, and others, in which portions of the tissue were removed and found to contain the characteristic bacilli of tubercle, and in which the results were equally favorable and permanent, leave no doubt as to the correctness of the diagnosis.

Schwartz gives the following indications for the operation:

1. Insecurely fixed diagnosis of peritoneal tuberculosis, wherein incision should be preferred to the customary puncture.

2. Where the operation is performed, remove the transudation completely, preferably in the dry way with disinfection of the peritoneum, and exact closure of the wound.

3. Youthful age should, according to surgical experience in other forms of disease, afford no contra-indication to the performance of the operation.

4. A moderate affection of the lungs should be no contra-indication to the operation; but an additional indication for it, as through the removal of the transudation, the respiration is improved, as well as the strength and general health.

Incision has this advantage over puncture as a method of treatment in that, after the former, ascites does not return, while it is the rule for it to rapidly accumulate, following the latter.

In conclusion, we cannot do better than quote the following from Truc: "The opening of the abdomen has lost much of its gravity, and we believe that we have demonstrated that certain forms of peritonitis can be cured by opportune and methodical surgical treatment; that is enough to condemn systematic refusal to operate. Instead of being a contra-indication, it (peritonitis) should become a positive indication. Death, in the cases of which we speak, is certain; we have seen that the operation may save the patient. Why hesitate to give the latter some chance of recovery?"

THE MILITARY RED CROSS CORPS.

BY W. THORNTON PARKER, M.D. (Munich),

Late A. A. Surgeon, U. S. Army; Medical Examiner, 3d District, R. I.; Member of the St. John's Ambulance Association, England, etc., etc.

(*Concluded.*)

One of the best appliances for ready use in first aid to the injured is the

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Esmarch triangular bandage. This is a strip of cloth fifty inches long, triangular in shape, its greatest width being 24 inches. Upon the bandage are six pictures illustrating its use, and with the bandage is a little book describing its use.

These bandages can be obtained of the American Society for Instruction in First Aid to the Injured, New York City.

TRANSLATION.

FIRST AID TO THE INJURED.

Under this title the undersigned Society offers to persons in every state and condition—in the work-shops, manufactories, mines, and railroad organizations, engineering undertakings, to all travelers and emigrants, and to any thoughtful family—an emergency packet for wound-dressing, which, thanks to its small, compact form, its convenient arrangement and facility of packing, will give it a place everywhere; it can be carried under all circumstances. Each one of these packets is sold for one franc (fifty centimes) postpaid, and contains: First, a compress composed of cotton-charpie of Dr. Burns, and an antiseptic bandage. These two kinds of bandage have the property of absorbing the fluids, blood and pus, and protect the wound against hurtful influences. 2. Two bands of linen, one wide, the other straight, with pins for fastening them. 3. Some "ping-hawaryambi," as a hæmostatic application. 4. A triangular piece of linen prescribed by Dr. von Esmarch. With the aid of this apparatus the majority of bandaging operations may be accomplished without any special skill. The method is as follows: The compress, which is folded in four, unfolds in such a manner that the cotton lint will be covered entirely by the bandage (antiseptic), which gives a surface similar in form to a sheet of letter-paper. We cut off each time the requisite quantity for covering the wound. After having washed the latter, and controlled the hæmorrhage by means of the application of the ping-hawaryambi, it is covered with a piece of the compress, which is fastened by means of the linen bandages, which, should the wound be upon the head, neck, trunk, or main parts of the extremities, is done by the use of the triangular bandage (Esmarch's). If it be a case of an open or deep wound, you form with the compress a pad proportioned to the size of the wound, which is introduced therein after previously saturating it with good olive oil, if this be within reach. According to the abundance of the secretions from the wound, it will be necessary to change the bandage once or oftener during the day; in this case, the same bandage and the same linen can be employed; but it is important to renew the compress or the pad. As to the employment of the Esmarch's bandage, we will quote the words of Professor Esmarch, who, in his celebrated work entitled "The First Aid in Bandaging on the Field of Battle," expresses himself as follows:

"According to the part of the body wounded, the triangular bandage is used as follows: It is folded in the form of a cravat by rolling the point several times in the direction of the lower edge; the oftener it is folded the narrower the bandage becomes. Under this form a practical bandage is made, not only for wounds upon the neck, but also for those on many other portions of the body; for example, the eye, the forehead, the ears, the cheeks, the chin, and the lower jaw. It is employed in the same manner for the simple muscular wounds of the extremities, and for fixing the splints and other protective apparatus in the case of fractured bones; besides making all of it as a sling for supporting the wounded arm. The manner of employing the bandage under this form is so simple that no particular description is necessary. The ends are well fastened by means of strong pins, or well knotted one with another. For dressing a wound on the head, or a simple scalp wound, the bandage is placed upon the head in such a manner that the lower border will be brought directly across the forehead, the point hanging towards the neck. Then the two ends are passed backwards, behind the ears, turned again and tied in front. The point hanging in front is pulled down firmly, returned upon the head, and fastened on the top of the head with a pin (head bandage or cap).

"To bandage a wounded hand a small bandage is necessary. The hand is placed upon the opened bandage in

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such a manner that the wrist covers the middle of the lower edge, and the points of the fingers are directed to the pointed end of the bandage The point is then turned backward over the hand in the direction of the forearm. The two remaining ends are crossed over the point of the bandage and tied on the other side of the wrist.

"For the foot the sole is placed on the middle of the bandage, so that the toes are directed towards the point. The point is then brought forward over the top of the foot and the two ends are passed aronnd the malleolar pro cesses, crossed on top of the foot and tied under the sole.

"We can also bandage the stump after amputation in the same manner. The superior border or biased edge is placed around the limb above the extremity of the stump, turned around the wound, the hanging point is brought up over the wound, and the two free ends are adjusted over these and tied.

"To comfortably sling or suspend a wounded arm the ends must be placed over the uninjured shoulder, and upon the neck sufficiently in front so that it will readily pass around the neck to the other side, and it is there fastened, while the other end hangs in front of the body. We carefully place the bended arm upon the middle of the linen, advancing the point below the elbow several inches. Then the end which hangs before the arm is brought back to the side of the shoulder of the wounded arm and tied with the other end upon the back. Then the point is brought around the elbow and fastened with a pin. This bandage is called the large scarf or big sling bandage.

"For bandaging wounds upon the chest, the middle of the linen is placed upon the chest, the point raised and turned backward, passing over one shoulder, and the inferior border adjusted (at the waist) in the region where the chest and abdomen unite; then bringing the two ends backward and tying them together upon the back. The pointed end passed over the shoulder is then drawn down and made to pass under the knotted end, and adjusted by means of a pin or knot. For wounds on the back one proceeds in the same manner, but inversely. For wounds upon the shoulder, the bandage is cut into two equal parts, of which one is folded in cravat form, and is used as a little scarf for the forearm, whilst the other is placed upon the wounded shoulder in such a manner that the point shall be upon the side of the neck and the superior border upon the middle of the forearm. The ends are then passed around the under side of the arm, crossed beneath the point of the elbow, and tied together on the exterior surface of the forearm. The point of the bandage is then slipped under the scarf at the neck, plaited back upon itself, and fastened with a pin at the top of the shoulder.

"In the same manner the bandage is placed upon the hip; and here we often need the entire bandage, because the upper part of the thigh is much larger than that of the arm. The inferior border of the bandage is passed around the largest part of the thigh, and the ends fastened with a double knot, but in the cases where the thigh is too large it is pinned. The point of the bandage is adjusted in the same manner as for the shoulder, by passing under the leather belt of the soldier, returned upon themselves and fastened with a pin. When there is no leather belt it it will be necessary to use a second bandage folded in cravat form."

THE DRILL.

Stretchers, in the proportion of one for every three men of the Red Cross Corps, will be laid out on the parade ground, in a row, at suitable intervals, and in such a manner as to allow the corps to be drawn up about a dozen paces in the rear of them. The heads of the stretchers towards the company line.

The company will fall in, in single rank, with side arms only, under the supervision of the Red Cross Sergeant.

Corps, attention.

Count threes.

Count sections. At this command, No. 1 on the right of the line counts "*one*," the second No. 1, or the fourth man, "*two*," the third No. 1 counts "*three*," and so on.

Stand to stretchers. Quick, march. At the command the sections oblique right and left, and march in the direction of their stretchers; section "one"

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to the stretcher on the right; section "two" to the next, and so on.

Upon arriving at the stretchers, No. 1 takes station at the head, No. 3 at the foot, and No. 2 on the right centre.

Prepare Stretchers. — No. 3 faces about; No. 2 left face at the command *prepare*. At the word *stretchers*, all kneel on the left knee, and proceed to unbuckle the straps, separate the poles, hook in the "transverses," and stretch the canvas to the full extent. The free end of the pillow is next secured by No. 1. The slings on the handles of the poles are next secured. When this is completed, stations are taken as at first command, stand to stretchers.

"Fold-up" Stretchers.—No. 3 faces about; No. 2 left face. At the command stretchers, all kneel on the left knee and proceed to take off the slings, unfasten the "transverses," and buckle the straps. This completed, all rise and resume the original position.

TO LIFT AND LOWER STRETCHERS.

Unity of action and steadiness of motion are the essential points to be remembered in stretcher drill, and especially in lifting the wounded.

Nos. 1 and 3 must accustom themselves to harmony in their work, acting simultaneously and steadily; No. 3 waiting for No. 1, should the latter not be quite ready to lift or lower. No. 1, when ready, will call out, "go on," or if delayed, "stand fast."

Lift Stretchers.—Nos. 1 and 3 stoop down; each man grasps a double sling at its centre with the fingers and thumb of the right hand, removes it from the handle, and places the sling over their shoulders, dividing it equally. Then slip the loops of the slings over the ends of the poles, commencing with the left, and then firmly grasp the poles. No. 1 says "ready," and No. 2 replies "go on," or "stand fast," as the case may be. When both are ready, Nos. 1 and 3 steadily raise the stretcher off the ground and stand up, holding the stretcher at the full extent of the arms. No. 3 must closely conform to the movements of No. 1, so that the horizontal position of the stretcher may be maintained throughout. Directly No. 2 perceives that Nos. 1 and 3 have risen, he proceeds at once to adjust the slings on the neck and shoulders of No. 1, and afterwards on No. 3. As soon as he has attended to this, he will take his post on the right centre of the stretcher.

Lower Stretchers.—On the caution lower, Nos. 1 and 3 will be prepared to stoop; and at the word stretchers, both men lower the stretcher very cautiously to the ground. No. 3 again closely conforming to the movements of No. 1. They then each proceed to slip the loops of the slings off the ends of the poles, standing up remove the slings from their shoulders, double replace them again on the handles, and then resume the position of attention as in the command stand by stetchers.

MARCHING WITH STRETCHERS.

The mode of progression of the bearers should be so regulated as to avoid any impulses being thereby communicated to the patient in the stretcher. This can best be accomplished by the *broken step*. Both bearers should take special care to march with an even step and not to lose time at the command *advance*. No. 1 steps off with the right foot and No. 3 with the left. The pace should be quick time and not to exceed twenty inches in length, the feet should be kept close to the ground and the knees slightly bent, the motion should be a gliding step and not a springy walk. Each section should be so far as possible sized, men comprising it should be as nearly as possible of the same size and physique.

The stretcher *must* be maintained in the horizontal position on all occasions, and in a position as near the horizontal as possible—the inclination *downwards* in the latter case being towards the feet of the patient. On this account, where there is any difference in the height of the bearers, No. 1 should always be the taller man. Every effort should be constantly kept in mind to insure the greatest amount of safety to the patient who is being carried.

At the command stretchers *retire*, each detachment will wheel to the right about and continue the march.

LOADING AND UNLOADING STRETCHERS.

Stretchers advance.
Take post at wounded.
Lower stretchers.
Lift wounded.

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Nos. 1 and 3 remove the slings, and take position at the head and feet of the wounded, No. 2. at the hips. The stretcher, whenever it is practicable, should be left on the ground one pace to the rear, and in line with the patient's body. At the command, ready, from No. 1, all gently and firmly lift the patient, carrying him back and over the stretcher. Each man has to raise and lower a certain part of the weight of the patient's body; but all must act in concert, or else his injuries and sufferings may be seriously aggravated by want of attention to this all important point. The medical officer cadet of Red Cross Sergeant on duty immediately in the line of fire, or in the vicinity of the wounded now examines the patient, renders first aid—attaches descriptive card with name and rank, if possible—and orders *lift stretchers*. This command is executed as already explained.

In lifting the wounded, whether to place them on stretchers, or to carry by hand from the field, No. 1 passes his arms directly under the arms of the patient, and clasps his own hands and fingers in front of the wounded man's chest. This affords a strong grip, and does not generally add to the distress of the patient, or No. 1 can pass one hand round by the opposite axilla under the patient's neck, and the other under the shoulder nearest to him, and he is to avoid disturbing a broken arm. No. 2 passes his hand and arms under the patient's loins and hips, and No. 3 passes both arms under the lower limbs, if there should happen to be a fracture, with one hand above and one below the seat of fracture in order to support it, and to prevent movement of the ends of the broken bone. As it facilitates the lifting the patient, if he possibly can he is now to be directed to clasp his arms round the neck of No. 1. bearer.

No. 1 now commands "Advance," and all step off as directed in the marching of detachments with stretchers. Where severe wounds have been received involving fractures of one or more bones, "first aid" must be rendered before patient is moved to the stretcher.

GENERAL RULES FOR THE PROPER CARRIAGE OF "STRETCHERS"

1. When braces or shoulder straps are used to assist the bearers in carrying stretchers, care should be taken at starting that they are buckled so that the parts supporting the poles are all at equal distances from the surface of the ground.

2. As most ground over which wounded have to be carried is likely to present irregularities of surface, it becomes an important matter for bearers to practise the carriage of stretchers, so as to acquire a facility of keeping the stretcher level, notwithstanding the ground is uneven. Bearers trained and habituated to this duty perform it with ease and dexterity, irrespective of differences in their own respective heights; while those who have not practised it are not unlikely to cause considerable distress to the person carried, when they have to carry him up and down hill, in consequence of their deficient training. A concerted action of the front and rear bearers is necessary, and each must be aware what part he is to perform according as the end of the stretcher at which he is placed is rendered higher or lower by the unevenness of the surface over which they are passing. These rules are copied from Surgeon Longmore's Treatise on Ambulances, p. 173, *et seq.*

The act can readily be acquired by practising the carriage of the stretcher up and down steps. In this practice the front and rear bearers should occasionally change their respective positions. A bearer should also be carried on the stretcher in turn, so as to be made practically aware of the effects of even and uneven carriage.

3. If the ground over which the conveyance has to pass presents a general ascent, and the bearers are of different height, then the rear or No. 3 bearer should be the taller and stronger man, for his greater height and the greater strength of his arm will be useful in supporting and raising the stretcher up to the level of the end carried by the foremost man. The weight of the stretcher will naturally be thrown in the direction of the man on the lower level.

4. If the ground presents a general *descent*, the front or No. 1 bearer should be taller and stronger for the same reason as those just given as regards No.

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3 bearer under the opposite circumstances mentioned on Rule 2.

5. A sick or wounded person on a stretcher should be carried, if the ground be tolerably level, with his face looking towards the direction in which the bearers walk. The front of No. 1 bearer then supports the end of the stretcher at which the patient's feet are placed; the bearer near the patient's head is the rear bearer.

6. If the bearers have to carry the stretcher down hill, the rear or No. 3 bearer should support the end on which the patient's head is placed. The reverse position should be assumed by the bearers both as regards going up hill and going down hill, in case the patient being carried is suffering from a recent fracture of the thigh or leg.

7. The patient's comfort and welfare will be best consulted as a general principle by the arrangements named in Rule 6 and 7. Although under all circumstances the level position should be sought for as much as possible, still if the slope of the ground be such that it cannot be attained, it appears desirable that the inclination downwards should be towards the feet rather than towards the head of the patient. But with regard to the exception named, the reverse position of the patient is directed, in order to prevent the weight of his body pushing the upper end of the broken bone down upon the helpless and motionless portion of the limb below the seat of fracture.

8. No attempt must be made to carry a helpless patient over a high fence or wall if it can possibly be avoided; it is always a dangerous proceeding. The danger is of course increased in proportion to the height of the wall or fence. But even if the wall be not much higher than one over which the bearers can step, the stretcher must be made to rest upon it, to the inconvenience and probable pain of the patient, while each bearer in succession gets over the obstruction; and it is better to avoid even this inconvenience, provided the avoidance does not entail great delay. If the fence or wall be high, either a portion of the wall should be thrown down, or a breach made in the fence, so that the patient may be carried through on the stretcher; or, if this be not readily practicable, the patient should be carried to a place where a gate or opening does already exist, notwithstanding the distance to be traversed may be increased by the proceeding. It is better that the transportation should be somewhat delayed than the safety of the patient's limbs or life risked.

9. In crossing a ditch, dyke, or hollow, the stretcher should be first laid on the ground near its edge—Nos. 1 and 2 then descend. The stretcher with the patient upon it is afterwards advanced, Nos. 1 and 2 in the ditch supporting the front end of the stretcher, while the other end rests on the edge of the ground above. While thus supported, Nos. 3 and 4 descend. All the numbers now carry the stretcher to the opposite side; and the forepart now being made to rest on the edge of the ground, while the rear part is supported by Nos. 3 and 4 in the ditch, the Nos. 1 and 2 are left free to climb up. The stretcher is now pushed or lifted forward on the ground above, and rests there while Nos. 3 and 4 climb up. The bearers then carry the stretcher on.

10. On no account should a stretcher be permitted to be carried on the shoulders of two or four bearers. The evil of such a proceeding is not only that it is difficult to find several bearers of precisely the same height, so that a level position may be secured, but also that the wounded or sick person, if he should happen to fall from such a height, owing to the helpless condition in which such a patient usually is, is not unlikely to sustain a serious aggravation of the injuries he may already be suffering from. Moreover, one of the bearers of a stretcher ought always to have his patient in view, so as to be aware of hemorrhage, fainting or other changes requiring attention taking place, and this cannot be done when the patient is carried on the shoulders. The height, too, is calculated to cause the patient uneasiness and fear of falling off, which is also desirable to avoid. For all these reasons, notwithstanding that bearers will often attempt to carry a patient on a stretcher upon their shoulders from the weight being borne more easily in that position or with a

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view of relieving a fatigued condition of the arms, the practice should be strictly forbidden.

Special care should always be taken to notice the part injured and the nature of the injury, as these determine in a great measure the position in which the patient should be placed during transport. In all cases the head should be kept low, and on no account pressed forward on the chest.

In wounds of the head care should be taken that it is not placed so that the injured part presses against the conveyance.

In wounds of the lower limb the patient should be laid upon his back, inclining towards the injured side—such position being less liable to cause motion in the broken bone during transport in cases of fracture.

In wounds of the upper limb, if the patient requires to be placed in a lying-down position, he should be laid on his back or on the uninjured side, as in cases of fracture there is less liability in such a position of the broken bones being injured during transport.

In wounds of the chest there is often a difficulty of breathing. In such cases the patient should be placed with the chest well raised, his body at the same time being inclined towards the injured side.

In wounds of the abdomen the patient should be laid upon the injured side with his legs drawn up, or if the wound be in the front of the abdomen, he should be placed upon his back and his legs drawn up, so as to bring the thighs as close to the belly as possible; a pack or other article being placed under his hams to keep his knees bent.

(Manual for the British Medical Staff Corps, page 115, 1885.)

TRANSLATIONS.

Danger from Lavage in Laparotomy.—I have observed many times that, at the moment when hot water was introduced into the abdominal cavity to wash away foreign substances, the patient's respiration weakened. In two cases I have seen the respiration completely arrested at the precise moment when the hot water was injected. In these cases the function was re-established with considerable difficulty; but in a third case the patient died one hour after the operation, of failure of the respiration.

This danger seems to exist only when the hot water laves the under surface of the diaphragm or the region of the solar plexus; when it provokes, by reflex action, the arrest of respiration and syncope.

When the patient is allowed to lie on the back in such a manner that the hot water can flow up to the diaphragm, this accident may occur. If the temperature of the water be above that of the body, the impression will be greater. —Polaillon, in *Bull. de l'Acad. de Méd.*

Action of Yeast Fungus.—Dr. Heer, Ratibor, *Deutsch. Mediz. Zeitung*, contributes the following in regard to the action of the yeast fungus in infectious diseases:

1. "During the present extensive and malignant epidemic of scarlatina and diphtheria in Ratibor (now disappearing), I have used beer yeast to the exclusion of every other remedy, and have attained a success as with no other known method. The exanthema runs a mild course with very little fever, while in diphtheria, as a rule, the separation of the exudate follows in a surprisingly short time, and the danger of heart-failure and paralysis, in every case is warded off. As a medium dose I recommend half teaspoonful every hour, together with washing out of the throat and mouth every two hours with yeast 1 part and water 5 parts. Diarrhœa or other unpleasant effects never occurred, rather a restoration of the appetite and normal digestion.

2. "In the diarrhœa of infants, with whom the dejections are rotten, of bad color and loaded with bacteria, brewer's yeast is an incomparably active remedy. It is best administered diluted with light beer (1 to 5) in doses of 2 to 4 drops every hour.

3. "In all cases of typhoid fever treated by me with the yeast, the diarrhoea has ceased in a short time.

4. "Sanitary counsellor Dr. Hufschnidt treats since four weeks ago in the hospital of the 'charitable brothers' at Pilchowitz several cancer patients with yeast; he reported to me several days

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ago that the success is a visibly favorable one. Sanitary counsellor Dr. Ventura, of Teplitz-Trenchin, has accomplished the complete cure of carcinoma of both breasts in one of his patients. I myself have been able to bring about the cure of an epithelioma of the tongue at the penal institution of this place. The yeast is applied both internally and externally.

"Accordingly, it is no longer to be doubted that yeast is calculated to prevent the existence and proliferation of the pernicious kinds of fungus multiplying by division (Spultpilze), without doing the slightest damage to the human organism. 1½ liter (3 pints) of fresh, not over 3 days old, *under* or *bottom* fermentation beer-yeast may be given per day without the slightest hesitation."

TREATMENT OF PHTHISIS. Dr. J. Rosenthal, of Kœnigsberg, treats phthisis pulmonalis as follows: Bottles of the capacity of ⅛, ⅓ and ½ liter are procured, which, for convenience sake, are named ⅛ bottles, ⅓ bottles and ½ bottles, and these are filled with carbonic acid water (soda water), together with creasote and cognac in the proportion as follows: the ⅛ bottle (= ⅛ liter = 1 minimum dose) contains creasoti puriss. 0.10 and cognac 5.00. Some ⅛ bottles contain a double amount of creasote (creasote 0.20 and cognac 5.00). The ⅓ bottles contains creasote 0.40, cognac 10.00, and the ½ bottle creasote 0.60 and cognac 15.00.

In order to attain the now generally recommended daily dose of 0.80, gradually increasing, let the patient take a ⅛ bottle (creasote 0.10) immediately after dinner the first day. On the second day and during the rest of the week, he takes such a ⅛ bottle both after dinner and after supper. With the second week he begins with the stronger (creasote 0.20) water, and so uses the ⅛, ⅓ and ½ bottles after each meal, week after week, as to increase the dose of creasote by 0.10 each day, until the maximum of 0.80 per day is reached, which is ½ and one ⅛ bottles (creasote 0.20).

Patients who are recommended to use wine after the method applied by Dr. Brehmer and Dr. Detweiler, may mix with it the creasote mineral water, since it improves the taste of the latter.

Dr. Rosenthal insists that in the preparation of creasote mineral water there be selected none other than especially purified, entirely fresh beechwood creasote, almost as clear as water, which contains no carbolic acid.

Where there is tendency to hæmoptysis, which is no contra-indication to its use, because it is proved experimentally that its action increases the coagulability of the blood, it is proper to allow part of the carbonic acid to escape by opening and shaking the bottle.

Dr. Rosenthal lays stress upon the following points:

Creasote thus prepared is so easily taken, so well borne and readily digested, that patients, when once used to it, deem it a refreshment; it can therefore be administered in constantly increasing doses for a long time without interruption—an important consideration.

Cases unfavorable to its employment are those whose temperature is above 38½° C. (101$\frac{3}{10}$ F.) Yet even here, in spite of the fever, the effects of the remedy upon the gastric and intestinal digestion are so favorable as to enable the economy of the organism the better to resist the deleterious influence of increased temperature, until, thanks to the antimycotic action of the remedy sterilizing the soil upon which the bacilli grow, the effect is removed with the cause.

Initial cases of consumption are most amenable to treatment by this method. The fact must be emphasized however that the treatment must commence early, must be continued for a sufficient length of time (several months) without intermission and in gradually though constantly increasing doses, and must not be hindered or prostrated by irrational and health-destroying modes and habits of life. "Qui bene diagnoscit, bene curat."

It may be expected that carbonic acid creasote water will be of use in the treatment of scrofulosis; Sommerbrodt has seen greatly enlarged lymphatic glands of the neck in youthful individuals to disappear, after all other medication had proved inefficient.

The enthusiastic Reuss recommends its use in chronic bronchitis, and during

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convalescence from other affections of the air-passages.

The good effects of creasote mineral water are noticeable already during the first few weeks, and are manifested by increase of appetite, diminution of expectoration, disappearance of cough, shortness of breath and thoracic pain, and increase in weight, from 3 to 5 pounds in the most unfavorable, and from 20 to 30 pounds in the most favorable cases.

Although this treatment is urgently to be recommended to those who can avail themselves of the therapeutic help of mountain climate, proper nourishment, fresh air, general exercise, pulmonary gymnastics, etc., it is of particular benefit to those who have not these advantages, but are compelled to undergo treatment at home, or the asylum, or the hospital.

—*Berl. Klin. Wochenschrift.*

BEAN FLOWERS IN NEPHRITIC PAINS.—One of my patients having been relieved of nephritic colic by an infusion of the dried flowers of the Windsor bean, I advised their employment in a number of cases, with the following results:

1. A case of subacute nephritic colic with phosphatic and uratic gravel; a repeated attack; the pains were always relieved by one or two cups of the infusion, at intervals of a quarter hour.

2. Two cases of nephritic colic with sandy gravel, alternately acute and subacute; the infusion taken at the start prevented the vomiting.

3. A case of nephritic colic symptomatic of renal calculus.

4. A case of nephritic pain, acute or subacute, with chronic cystitis from enlarged prostate.

5. Acute nephritic colic in a diabetic woman. The infusion, given after the vomiting began, had no effect. This colic had lasted three days, and resisted four injections of morphine.

In five of the above cases favorable results followed the use of one or two cups of infusion, each cup containing fifteen or sixteen flowers.

—BOULOUMIE, in *Revue de Thér.*

TREATMENT OF TYPHLITIS.

BOUCHARD (*La France Méd.*) gives the following directions: 1. Allay the pain by an injection of morphine, or by a thick layer of Neapolitan belladonna ointment, covered with a large, very hot poultice. 2. Empty and render aseptic the large intestine by large intestinal irrigations, twice daily, with at least a liter of water at 38° cent., to which is added five grammes of soda borate, and two or three teaspoonsfuls of tincture of benzoin and tincture of camphor, equal parts. The irrigations must be given gently. 3. Absolute rest. 4. Little purgative medicine; none but the mildest, such as magnesia in *eau sucrée*. 5. For food, milk with alkaline water, a little at a time; later, the yolk of an egg.

SCHMITT and SPILLMAN (*Revue de Thér.*) recommend the application of ice in orchitis, finding it easy, practical and sure, suited to all forms and all stages; relieving the pain quickly, and speedily bringing on resolution, which may be completed by the use of styptics, astringents and suspensories of elastic webbing.

FOR UTERINE COUGH.

If the cough coincide with troubles of the cerebral circulation, heat of the face, vertigo and oppression, give the following:

Infusion of black coffee. 120 grms.
Simple syrup..... 40 grms.
Valerianate of caffeine.. 1 grm.

Two or three spoonfuls daily, one-half hour before eating, or two hours after.

If the cough recur only at night, or at regular intervals, give:

Valerianate of quinine..1 gramme
Extract of cinchona, q. s.

Divide into twenty pills. Take one after each meal.

For those who have attacks of convulsive hysteria:

Valerianate of zinc....½ gramme
Extract of valerian, q. s.

Divide in twenty pills. One at each of the two principal meals.

If there exists a decided neuropathic state:

Valerianate of ammonia, 3 grains
Gummy julep..... 120 grammes

Take a spoonful every three hours.

Such local uterine treatment should be employed as is indicated in each case.—CHERON, in *Revue de Thér.*

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PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, OCTOBER 1, 1888.

EDITORIALS.

NEGLECT OF PUBLIC DUTIES.

IN Mackenzie Wallace's book upon Modern Russia, he illustrates the effect of engrafting an alien civilization upon a people who as yet are hardly advanced enough to know what to do with their borrowed culture. In the communal assemblages, when a member reads an essay upon some subject, his material is drawn from the cyclopædic works of German authorities. But when the author takes leave of his German masters and comes to the practical application to the conditions before him, he is lamentably weak; a few brief and timid sentences, and he is done. His erudition is immense; his library is great; but his powers of observation and deduction are dwarfed.

The inevitable result is that the culture does not succeed; in spite of the fostering care of the government, the communal lyceums languish, because they are not in accord with the true needs of the people; they lack vitality.

Something of the same sort appears to exist here. We have just had an assemblage in Washington of several hundreds of the most eminent physicians in America; men who are held to represent the highest development of culture in the art of healing. The yellow fever grows daily more threatening in our Southern States, where the people are becoming terrified at the spread of the disease. What is more natural to expect than to look to this body of great men, assembled almost under the shadow of the pestilence, for help in their time of need? But with the exception of a brief talk from Dr. Sternberg, with no discussion of any moment, the subject was ignored. Whether the distinguished physicians at that meeting had no information at their disposal upon the matter, or whether the sufferings of the South simply failed to interest them, we know not; but we may safely say that this meeting was not in accord with the needs of the day. Even if no new or valuable ideas had been promulgated, the knowledge that their troubles had been taken up, and were being considered by this august assemblage, would have done good in checking the panicky feeling in the Gulf States.

The first meeting of the County Medical Society, after the summer recess, was held on September 12th. But few of the members were present. With the typhoid fever unusually prevalent in this city, one would have thought that home interests deserved some attention from what is probably the most scientific body of physicians in America. Not so much as a passing remark was made on the Southern scourge, or the ugly shape at our elbows; but some one made inquiry about the malady of the late Emperor of Germany.

Such a state of affairs may be contrasted with the work of the Academy of Medicine in Paris. An outbreak of any epidemic disease would be the subject of injuiry there. Whatever concerns the public health, such as the contagiousness of alopecia in school children, is discussed at length, an elaborate report submitted, and the authority of the Academy is given to the conclusions reached. Naturally, the public looks to this body as the proper one to give advice in affairs of this kind, and the Academy fulfils a public need and possesses influence in the body politic, which insures the support of government and people.

How much influence has the regular

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profession here in public matters? It is notorious that if a State Board of Medical Examiners were appointed, the irregulars would be quite as likely to be found in it as the regulars. If quackery is rampant and the regular profession fails to hold the same influence it does in other countries, it is ourselves who are to blame. When the people see us watchful of their interests, understanding their needs and capable of supplying the remedy, there will be no lack of support. Too much study of foreign masters, and too little attention to the duty that lies nearest our hands, too much compilation and too little independent investigation, too much wire-pulling and too little leadership are the reasons which make our profession so little influential in the community.

VOLUME XIX.

THE present number inaugurates the beginning of the nineteenth volume of the MEDICAL TIMES—the second under the present management. What we have accomplished during the past year may be seen by a reference to the Index, which shows how fully every department of medical science has been covered.

It will be seen that while we make Philadelphia medicine our special study, we do not confine ourselves to our own city, or even our own country.

We will endeavor through the coming year to give one Clinical Lecture in full in each issue, besides the notes from the Philadelphia clinics which have proved a popular feature of the journal.

An effort will be made to report the society proceedings in the same manner as the clinics.

The Translations and Abstracts will be continued in the present form. It is obviously impossible for any journal to republish in full all the valuable matter which appears in its contemporaries. Medical readers are of two classes: first, those who prefer to have their subjects elaborated, and who can sit down and digest a lengthy studied article at their leisure; and, second, the busy men who have no time for such reading, but want the gist of the matter at once; who are in active practice and care more to relieve their patients' suffering than to know what Hippocrates thought about a subject. We endeavor to reach the needs of the second class, as those who are sufficiently interested in the matters can always send to the journals from which we quote and obtain the articles in full.

The foreign letters of Drs. Williams and Linn will be continued as usual.

Especial attention will be paid to the Reviews and Book Notices.

Under the head of Annotations will be included minor editorial notes and such abstracts as receive editorial comment.

The only department which has proved a disappointment is that of Letters to the Editor. We hope to see under this head a free interchange of opinion among our readers, which would bring the journal more in support with its clientele, and foster a spirit of inquiry which would bring forth useful results. It is good for one to put his thoughts upon paper, even if only that he may clearly comprehend what his thoughts really are; the labor of getting up a presentable paper is sure to bring its reward.

We hope that our friends will assist us in developing this part of our journal. Without such a means of keeping the hand upon the pulse of the profession, a journal is apt to degenerate into a mere record of medical curiosities; like our friend the Medical Museum, in whose contents the practitioner is interested about as much as he is in the Ruins of Babylon.

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The TIMES appears in a new dress, in that the cover is omitted. Our readers are of a class who look more to the inside of a journal than the outside; and we have felt that the cost of the cover could be more profitably employed in increasing the number of our reading pages, and the quality of the matter contained in them. We are also enabled to reduce the price of the Binders.

The policy of the TIMES will be to fulfil the object with which it was founded—that of furnishing a journal representative of the Philadelphia medical profession in its entirety, and not of any particular school, society or clique. Our efforts will be directed to the restoration of harmony among our medical neighbors, and the discouragement of the petty strife which has annoyed the earnest workers in scientific circles during the past few years.

The Departments of the TIMES will be as follows:

Clinical Lectures.
Original Articles.
Translations.
Notes from the Philadelphia Clinics.
Editorials.
Annotations.
Foreign Letters.
Society Proceedings.
Letters to the Editor.
Reviews and Book Notices.
Abstracts.
Miscellany.

ANNOTATIONS.

THE *Lancet* and the *British Medical Journal* come to us this week in the form of Student's Numbers. The latter is a huge mass containing seventy-two quarto pages of small print reading matter and one hundred and four of advertisements. Full information is given concerning the requirements, fees and curricula of all the medical colleges in the United Kingdom. There are sixteen corporate bodies which have the licensing power, three of which are to be found in London; while of *teaching* schools there are eleven in London alone, and twenty-three more in the provinces. Thus, there are fifty institutions engaged in the work of furnishing recruits for the medical profesion. Twenty-three London hospitals, in addition to those already enumerated, assist in educating the student, with private schools, tutors and quizzes innumerable. Surely, with all these opportunities, the British medical student ought to be reasonably sure of obtaining an adequate medical education. And yet, whether from the severity of the examinations, the absence of the faculty of imparting knowledge, or the inherent stupidity of the young Briton, we see in the *Medical Press* that one of the colleges only succeeded in passing fifty-five per cent. of its applicants. This was in an Irish college, too, where the requirements are said to be lower than in England.

As it is, many British students cross the channel to Brussels, where, their examinations being carried on through the medium of an interpreter who possesses a thorough knowledge of medicine, the acquisition of a degree is the reverse of difficult.

Among the text-books recommended we note those of Bartholow, Napheys, Stimson, Stephen Smith, H. C. Wood, Flint, Pepper's System, Lusk, and Duhring. The first named is a surprise, as after the very sharp criticisms of this book by the British medical journals, one would hardly expect to see them recommend it. The fact that so many works by American authors are to be found in this list shows something more than a mere international courtesy. Were these works not thought to be suitable for the students' use, no such recommendation would be given. Science is cosmopolitan; she is greedy for truth; and seeks to ingest it wherever found.

IMPLANTATION OF TEETH.

FOREIGN journals report adversely upon this operation, stating that the only connection between the tooth and its socket is fibrous; processes from the latter penetrating the interstices of the im-

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planted tooth, which remains a lifeless foreign body.

In an editorial in the *Independent Practitioner*, Dr. Sudduth says, "Sufficient time has not elapsed since the operation was first introduced to allow of a final verdict. Dr. Younger's ideas regarding the method of attachment were crude. The theory of revivification of the pericementum was so utterly absurd, that but for the fact that teeth so implanted could and did become firmly set in the jaw, it would have overthrown the operation.

"The plasm cells first thrown out become organized, and a firm connective tissue envelops and encircles the root. The fine processes of the cells probably penetrate the superficial lacunæ of the cementum, and in this way help to attach the tooth more firmly than would be the case with a porcelain tooth. Such may be said to be the manner of attachment at the end of the first week or ten days after operation; but a second stage intervenes, provided the inflammation is kept in abeyance, when the process of ossification sets in and proceeds until the socket is filled with new-formed bone, giving rise to a bony anchylosis.

"No experiments have been made to demonstrate the truth of this latter statement; but the solidity with which the teeth become attached, their lack of mobility and the peculiar resonance when such teeth are tapped, all tend to confirm our opinion regarding the nature of the attachment in successful cases."

THE NEW BUILDING OF THE PHILADELPHIA LYING-IN CHARITY.

THE new building of the Philadelphia Lying-in Charity, at the southwest corner of Eleventh and Cherry Streets, is now open for the reception of patients. There are ten private rooms for the care of obstetric patients, and room in the maternity wards for twenty-five charity patients. An isolated portion of the building containing six private rooms and two wards, each with a capacity of five beds, is reserved for the treatment of diseases peculiar to women. Every deserving case of tumor of the abdomen or breast, in destitute circumstances, is admitted free of charge. A daily clinic for the treatment of diseases of women is held at twelve o'clock. A nurse directory is attached to the institution, from which nurses are furnished *immediately* at any hour of the day or night *without charge*. Unmarried women are admitted only for their first confinement.

The new building is a model of hospital construction; every improvement of a modern character for the safety, aid and welfare of the patients has been provided. The appointments and equipment are unsurpassed by any institution of the kind in the country. A separate nurse is assigned to each private room. All the rooms have large windows, open fireplaces and electric bells.

Dr. Charles Meigs Wilson is the surgeon in charge. All letters relative to the admission of patients should be addressed to him at the hospital. The consulting obstetricians are Dr. Elwood Wilson, Dr. Theophilus Parvin and Dr. W. H. Parish; the consulting surgeons are Dr. D. Hayes Agnew, Dr. Samuel W. Gross and Dr. John B. Roberts.

The editor of the Memphis *Medical Monthly* asks the question, "Did Memphis do right in rejecting the yellow fever refugees?"

We should hardly imagine there could be more than one answer possible. Memphis has proved to possess the conditions suitable for the cultivation of the yellow fever germ. She is a large and important city, from which an epidemic might be carried to many other places. The observance of the utmost precaution to prevent the entrance of yellow fever would seem to be her first duty to the country at large. There are many other cities of refuge for those fleeing from the Florida terror, where no possible danger exists of the disease taking root. Memphis, Pensacola, New Orleans and Shreveport may, with propriety, be allowed a strict quarantine.

DR. SANSOM, of London, gave a brief address at Blockley on Saturday, September 22. He exhibited his "plexim-eter," which excited much interest. It consists of a T-shaped piece of hard rubber, small enough to go in the vest-

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pocket. The large cross-piece is held against the chest by two fingers, and percussion made upon the smaller cross-piece. The sound is much more clearly defined than when the percussion is made against the finger.

In examining the chest, it is Dr. Sansom's custom to mark the outlines, etc., upon the chest in oil. A piece of soft paper is then held against the chest, and the oil marks traced in pencil. This sheet is then labeled with the patient's name, etc., and filed away for future reference.

WHY should *The Practitioner* refer to an editorial in the TIMES as by an "anonymous writer?" Editorials are written by the editor, and when they are contributed, have the initials of the writer appended.

LONDON LETTER.

IN spite of most unseasonable weather —cold and wet—London continues very empty of interest, as nearly everybody who can get away is vegetating in the damps of the country or seaside, or searching for finer weather on the continent of Europe. There are long vacation classes at Cambridge; but in London, not only the medical schools but the societies have suspended all work, and will not resume until probably this letter is in type. The medical schools will open on October 1, and, in about a moiety, introductory addresses will be given; though I do not anticipate that any of them will be of unusual interest, unless Professor Ericksen, F.R.S., who has recently become President of University College, finds something important to say to the students of the sister institution of King's College. Probably he will make a statement with regard to the agitation for a new university in London. Rumor says that the members of the Royal Commission, which has recently suspended its sittings for the vacation, have shown that they have a strong bias in favor of creating such a body. If so, we are probably only at the commencement of a long struggle, for the two colleges of Physicians and of Surgeons in London will fight hard to maintain and extend their present ascendency.

A FRACTURE IN POLITICS.

A curious pathological question is likely to engage the attention of the Council of the British Medical Association at an early date, under very unusual circumstances. It has arisen in connection with an unfortunate conflict in British Guiana. The chief industry of that colony is the production of sugar, which is carried out on a large scale by wealthy planters, who employ large numbers of coolie laborers, imported chiefly from Hindostan. For the protection of these coolie laborers, the government promulgated some years ago an ordinance prescribing, among other things, that the huts for their use should be constructed and maintained with proper regard to sanitary requirements, and that adequate hospital accommodations should be provided on the estates for sick coolies. By subsequent ordinances a medical service was organized under a surgeon-general, and the duty of inspecting the hospitals was transferred from the "immigration service" to the medical service. A good deal of friction arose in some way, and recently matters have come to a crisis. In consequence of a report made by the medical inspector of hospitals, Dr. A. D. Williams, an agitation arose in the colony which has already resulted in the removal of that officer from his post. Some months earlier, however, a difficulty of a different kind had arisen, which divided many members of the medical service into two opposing camps. A coolie named Nepaul, who had been in an estate hospital for some weeks or months, was sent up to the Public Hospital, Georgetown, and on examination there it was found that he was suffering from a large abscess of the thigh connected with the femur, which was fractured. The medical officer of the estate hospital was removed from his position on suspicion of negligence by Dr. A. D. Williams, who was then acting as surgeon-general in the absence on leave of the surgeon-general. An inquest was held, and there was discovered a great difference of opinion among the medical witnesses as to whether the femur had been diseased or fractured; whether in fact the case was one of simple fracture complicated by abscess, or of suppura-

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tive osteitis and periostitis. Abscess is, so far as I can ascertain, an extremely rare complication of simple or comminuted fracture, though not unknown. The branch of the British Medical Association in British Guiana has referred the whole controversy to the Council in London, and has, it is reported, requested that the opinion of the pathologist to the Royal College of Surgeons may be taken on the bone. People are curious to see what the Council of the British Medical Association will do under these novel circumstances; in which they will, it is said, have no precedent to guide their action.

THE BRITISH MEDICAL ASSOCIATION.

The invitation to hold the next meeting of the British Medical Association in Leeds has been accepted, and the Association will assemble there in the first week in August, 1889, under the presidency of Mr. Claudius Galen Wheelhouse. Mr. Wheelhouse was formerly the President of the Council of the Association, and his great popularity with the profession is shown, among other evidence, by his having been elected by the practitioners of England, at the head of the poll, as one of the first elective members of the General Medical Council, an office which he still holds. The meeting is likely to be exceedingly successful, especially in point of numbers, as Leeds is a convenient centre for the densely-populated manufacturing districts of Yorkshire and Lancashire.

ACUTE OR CHRONIC.

The statements made by politicians as to the cause of the death of Mr. Mandeville, the Irish agitator, afford another example, if one were wanted, of the extraordinary ignorance of the public about medical matters. Mr. Mandeville died of angina ludovici; and it was seriously contended and very widely accepted that this acute disease was due to his sufferings while in prison, some months before, and was in some way connected with a slight sore throat he then had. As to the sufferings and privation endured, it may be observed that Mr. Mandeville weighed 227 pounds when committed to prison, and 224 when discharged from prison.

CONSTIPATION IN INFANCY.

Constipation in infants and young children is a fruitful source of discomfort to the patient and of anxiety to the mother or nurse; and it is well to draw attention to a complication sometimes produced, which tends to aggravate and perpetuate the constipation. This is superficial fissuring of the anus. When it is said that the infant passes large infrequent motions and cries much during defecation, it will not infrequently be found, on inspecting the anus, that it is spasmodically contracted; and on gently everting it, a shallow "crack" or fissure may often be seen. The fissure has probably been produced in the first instance by the passage of a large constipated motion, and the pain subsequently caused every time the bowels are opened tends to induce the child to avoid the operations as much as possible. The motions then become habitually large as well as hard. The constipation itself is generally in the first place to be traced to errors in diet, the food containing too little fluid or being of too bland a nature. Some of the foods now to be obtained are so soluble and contain so little waste that the digestion must be completed at a very early stage, and almost the whole absorbed. The main indication is to give attention to the diet and regimen of the child, and especially to vary the food.

For the local treatment of the constipation, I believe that nothing equals the injection of small clysters of glycerine. About half a drachm gently thrown in with an ordinary syringe is followed in a few minutes by a satisfactory motion; and if at the same time the diet is improved, it will soon be found that the glycerine may be dispensed with. Dr. Eustace Smith confirms this recommendation, and any one who may be induced by his high authority to try the method will be gratified by the result. Where diet reform alone does not suffice after a short time to bring about natural evacuations, he recommends the following:

℞ Tinct. nucis vom. ..... ♏ ss
Tinct. belladonnæ ..... ♏ x
Infusi sennæ ..... ♏ xx
Infusi calumbæ ..... ad ℥ j

This may be given thrice a day at

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first. After a time, two doses will be enough; and before long, one dose at bedtime. An equally good or better prescription is:

℞ Tinct. nucis vom.....♍ ss
Ext. cascaræ sagradæ liq...♍ xx
Tinct. belladonnæ.....♍ x
Inf. calumbæ.....ad ℥ j

The keynote is the combination of nux vomica with belladonna and some gentle laxative. Dr. Eustace Smith also recommends, where the motions are very dry, a saline aperient:

℞ Quiniæ sulph.....gr. ½
Acid. sulph. aromat.....♏ j
Tinct. nucis vom.....♏ ss
Aquæ.....ad ℥ j

This for a child of six months.

CHARCOT'S JOINT DISEASE.

During the last session of the Pathological Society, Dr. Collier, of Oxford, exhibited specimens from a remarkable case of Charcot's disease coming on at a late period of locomotor ataxy. The history of the case proved conclusively that the joint changes could not have been due, in this case at any rate, to the use of anæsthetic and inflamed joints, inasmuch as the articular lesions came on under observation, while the patient was bedridden. The spinal cord in this case was examined by Dr. G. N. Pitt, who found extreme sclerosis of the root zone of the postero-external columns, and of Goll's columns, and diffuse sclerosis of the rest of the posterior columns. He also found marked sclerosis of Clarke's columns on the right side—the opposite side, it is true, to the joint affection—but an observation, nevertheless, of considerable interest when viewed in the light of Dr. Gaskell's discoveries, of which mention was made in a previous letter.

PROPOSED QUINQUENNIAL CENSUS.

A movement has commenced among sanitarians which has for its object, to induce the government to authorize a quinquennial census, in place of the present decennial census. A memorial recently presented to the Local Government Board by the Council of the Statistical Society states that a quinquennial census is already held in twelve States and three territories of "the American Republic," as well as in several British colonies. The main ground on which it is desired here is that it would be more accurate to have an actual enumeration in place of the present estimates of population, when calculating the death-rates and birth-rates of sanitary districts.

SIR WILLIAM BOWMAN.

A committee has been formed to raise a fund in order to present a portrait of himself to Sir William Bowman, Bart., F.R.S., as a public acknowledgment of his services to ophthalmology and physiology. Dr. George Johnson, F.R.S., of Saville Row, London, W., Emeritus Professor of Medicine in King's College, is the treasurer of the fund.

RECTAL ANÆSTHETIZATION.

Rectal alimentation being now a well established procedure, rectal medication appears to be attracting more attention; and I notice that satisfaction is being expressed by practitioners who have administered ether by this channel. The last report which I have seen is by Dr. F. H. Appleby, of Newark, who gave it to a woman, aged 29, with complete success. The operation was the extraction of twelve teeth. The dentist began to operate in four seconds less than eight minutes after the commencement of the administration. No more ether was given after the first ten minutes—but four teeth were extracted subsequently—the operation lasting fifteen minutes altogether. Six minutes later the patient was able to walk with assistance. The quantity of ether used was large: fourteen drachms.

RHEUMATIC GOUT.

The distinction between gout and rheumatism is not always very clear, and perhaps not always possible. Cases of chronic rheumatism constantly come before us in which there is a gouty family history, and in the treatment this family history must not be ignored. The following prescription, though inelegant and unpalatable, is an extremely useful combination where anæmia is a marked symptom, as is often the case.

℞ Quiniæ sulph.....gr. iij
Ferri et ammon. citr.....gr. v
Lithiæ carbonatis .....gr. v
Pot. citratis..... gr. v
Pulv. tragacanth co.....gr. x
Tinct. lavandulæ co.....♏ xv
Aquæ .....ad ℥ j

To be taken in a wineglassful of water, thrice a day.

DAWSON WILLIAMS.

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THE FIRST TRIENNIAL CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

IN the city of Washington, D. C., on Sept. 18, 19 and 20 ult., the following National medical organizations assembled by preconcerted arrangement: The American Surgical Association, the American Association of Genito-Urinary Surgeons, the American Laryngological Association, the American Climatological Association, the Association of American Physicians, the American Otological Society, the American Ophthalmological Society, the American Neurological Association, the American Dermatological Association, the American Physiological Society, and the American Orthopædic Association. As it was the intention to have a similar congress every three years, the present meeting was styled the First Triennial Meeting. Owing to the fact that some of the Associations were in the habit of meeting at another time of the year or from other reasons, a few of the special organizations did not participate in the Congress; and one, the American Gynæcological Society, had decided at first not to attend, but shortly before the meeting it reversed its first decision, and was admitted to the Congress; but for its tardiness was punished by having its proceedings omitted from the official programme. This was a grave error on the part of those having the matter in charge, since the Gynæcological Society is one of our oldest and best special organizations, and its published proceedings contain valuable contributions second to none in its special department, and which are universally admitted to be an honor to American medicine. The kindred association formed recently at Buffalo, bearing the rather formidable title of the American Association of Gynæcologists and Obstetricians, held its first annual meeting at Washington during the session of the Congress, but was rather arbitrarily refused permission to participate, owing to the fact that it was not yet two years of age; but as this rule did not apparently exclude the newly formed Orthopædic Association, the Anatomical Association or the Physiological Association, each of which held their first annual meeting this year, it is evident that some other cause than the one assigned was operative. We believe, however, that no reflection was intended to be made against the personal or professional standing of the men who have organized the new association, and who appear to be quite able to carry it on successfully without the patronage of the great abstraction, which, by the way, stands unique among medical congresses, *nomen et prætera nihil*. It is peculiar in the fact that it has nothing approaching a permanent organization, being conditioned upon the voluntary assembling at the National capital of various special associations once in three years, anyone of which may find it more convenient to hold its meeting elsewhere at the time designated for the holding of the next Congress. It is also peculiar in that while it has officers it has, properly speaking, no members, its membership consisting in those belonging to the constituent societies, who happen to be in attendance at the time, and who on the first day of the Congress elect the officers. It is evident that a medical organization as loosely constructed as this should exercise great discretion in any attempt to legislate for the medical profession, especially in the direction of exclusivism. We question, therefore, very much its right to refuse admission to the triennial meeting of any organization of regular and reputable physicians, instituted for the investigation and advancement of any department of medicine, who may desire to participate, whether such society have been in existence more or less than two years, and whether there be a similar organization in existence in this country or not. It is true that there is authority for the statement that the wise men came from the east, but it is not recorded in history that they remained there; and since no portion of this great Republic can claim a monopoly of medical wisdom, it is to be hoped that the next Triennial Congress of American Physicians and Surgeons will have meeting fraternally with it Western and Southern special medical organizations as well as those claiming to be National in character;

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but really almost exclusively representing the medical men and medical colleges of the East and North.

For reasons stated above the Congress could not claim any attendance other than the members of the several societies' meeting conjointly, of which there were present some 250 or more. At the meeting for organization on the first day at noon, John S. Billings, M. D., U. S. Army, who had been nominated by the Executive Committee (a committee consisting of representatives of the different societies), was elected president of the congress; the presidents of the various special organizations first named, were announced as vice-presidents *ex-officio*, Dr. William Pepper of Philadelphia was made chairman of the Executive Committee; Dr. W. H. Carmalt of New Haven, Conn., was appointed secretary and acting treasurer.

The special organizations held their meeting (at which the usual programme of the annual session was followed) during the morning and afternoon, while the evening was devoted to a general meeting of the Congress. It was inauspicious, to put it mildly, that the banquet (to which members as a privilege were permitted to contribute twenty dollars), was a dismal failure, although it occurred on the eve of the meeting. The menu was elaborately printed, but most villainously served, for which, however, we would exonerate the committee in order to put the blame where it belongs, with mine parsimonious host of Willard's. It is fortunate for the reputation of American cooking with our foreign guests that they had the opportunity of forming a more favorable estimate of our cuisine at a number of private receptions and dinners in Washington, Baltimore, Philadelphia and New York before their departure.

Among the distinguished guests, were Esmarch and his royal bride, the Princess Henrietta, Sir Spencer Wells, Sir Reginald Harrison, Sir William MacCormack, Victor Horsley, David Ferrier, Dr. Durham, of Guy's, Dr. Ord, Dr. Lavista, of Mexico, and Dr. Priestley, who was accompanied by Mrs. Priestley, whom Dr. Pancoast pronounced charming enough to be an American lady.

The first evening meeting was devoted to Intestinal Obstruction in its Medical and Surgical Relations, the discussion on which was opened by Reginald H. Fitz, of Boston, and continued by Nicholas Senn, Wm. Pepper, W. H. Draper, J. Collins Warren and others. The next evening was devoted to papers on Cerebral Localization in its Practical Relations, by Chas. K. Mills, of Philadelphia, and Roswell Park, of Buffalo, who were followed by David Ferrier, Victor Horsley, M. A. Stan, W. W. Keen and others. The subject was treated in an extremely interesting manner, and the discussion will form a most valuable contribution to the medical and surgical relations of brain surgery. The final evening meeting was held in the new hall of the National Museum, in the Smithsonian Grounds. John S. Billings, M. D., U. S. A., delivered the president's address, "On Medical Museums," which was followed by a general reception in the United States Army Museum Building which was in full holiday attire for the occasion. Among the entertainments we must include a special informal reception given by the President of the United States and Mrs. Cleveland, which was considered a marked distinction by the foreign guests, who have returned to their homes much pleased with their brief visit to the capital city. The programmes of the several societies were very full, and altogether a most favorable impression must have been given to all of the state of medical science in this country, and of the energy and ability displayed by the special societies who are so diligently engaged in tilling the common field, whose motto is *laborare est ovare*.

SCRIPSI.

CONGRESS ECHOES.

Washington, Sept. 21, 1888.

THE first Congress of American Physicians and Surgeons adjourned last night in a blaze of glory. As a scientific meeting it was an unqualified success. The details of the work done will be given in other columns with sufficient fulness. It is intended to note here only a few personal and social matters.

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The big twenty dollar dinner on Monday evening was a dismal failure. How any body of men having the intelligence of the committee having this affair in charge could have shown so little gumption as this committee did passes all comprehension. In the first place the dining-room at Willard's, where the dinner was served is the most gloomy and unattractive that could be imagined; secondly, the table and service at this hotel are not especially notable for excellence; thirdly, the selection of speakers was not particularly happy, and fourthly, the whole affair was so stupidly managed that everyone was glad when it was all over, though doubtless many regretted that they got so little enjoyment out of it.

Of the foreign guests, Prof. von Esmarch, with his strong features covered but not obscured by a snow-white double-peaked beard, received most attention. Possibly the fact that he was the consort of a Princess Royal had some influence in securing him this prominence. His speech at the dinner was simple, direct and unaffected.

Sir Spencer Wells looks like a clergyman with a comfortable living, a retired haberdasher, or an easy going old family doctor; anything, in fact, rather than the greatest living abdominal surgeon. His speech in response to the toast that called him to his feet was unworthy of his reputation.

Sir William MacCormack is a Hercules in build, and reminds one somewhat of Dr. Wm. A. Hammond. He has a pleasant half humorous address and made a clever little speech at the closing meeting of the congress.

One of the most interesting figures at the meeting was Mr. Victor Horsley. Everyone was anxious to see the man whose exploits in cerebro-spinal surgery had attracted so much remark within the last two years. He is a thoughtful looking young man, with deep-set eyes, and dark hair and moustache. In conversation he is very agreeable, and his quiet and modest demeanor at the discussion on cerebral localization secured him the careful attention of all present.

Dr. Ferrier likewise made a good impression. Everyone knew that he had, so far as English medicine is concerned, created the science of cerebral localization. His remarks were brief and sensible.

His figure is rather below than above the medium size, and with his well trimmed moustache and side whiskers, he reminded one more of an active life insurance agent than of a great physiological experimenter.

Among the Americans of note, Senn of Milwaukee attracted most notice. His earnest and somewhat robust style of speaking seemed to have a disconcerting effect upon the Boston-Philadelphia combination which engineered the Congress; and after his speech on abdominal surgery at the general meeting on Tuesday evening, it was freely reported as the opinion of some of the prominent members, that Senn was a "dead duck." But in another year these gentlemen will probably change their views. Nicholas Senn's head is a pretty large one, and the character of the work he has done hitherto is sufficient evidence of his capacity.

The address of the President, Dr. Billings, was, as anticipated, scholarly and full of meat. It was listened to by a brilliant assembly of both sexes, many of whom were doubtless attracted by the reception which followed. But every one who heard the address was well repaid for the time and attention given to it. After the address, a vote of thanks was proposed in a graceful speech by Dr. Kinloch, of Charleston, and then the Congress was declared adjourned.

The reception at the Army Medical Museum was a brilliant affair, the guests being received by Dr. and Mrs. Billings, Prof. Von Esmarch and the Princess of Schleswig-Holstein, his wife, Dr. and Mrs. Busey, Mrs. Magruder and other ladies. The main halls of the library and museum were crowded for nearly three hours, and amid the inspiring strains of music and the inspiriting influence of punch, farewells were exchanged until the next meeting in 1892.

One of the most pleasant memories connected with the meeting was the reception by President and Mrs. Cleveland, on Wednesday afternoon. The hearty manner in which the President grasped the hands of his guests, and the superb grace and beauty of Mrs.

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Cleveland captivated every one who had the good fortune to be present.

Dr. E. Carroll Morgan gave an enjoyable reception to the members of the Laryngological Association on Thursday, and Mrs. Billings entertained the ladies who accompanied the members of the Congress at lunch on Wednesday afternoon, just preceding Mrs. Cleveland's reception. These two entertainments were among the most recherche affairs of the week.

Altogether, the Congress must be pronounced a success. There were some things said and done that had better been left unsaid and undone; but, on the whole, the heartburnings will probably not last long. Those who hoped or feared that the Congress would injure the American Medical Association may dismiss such hopes or fears, for each of these great organizations will pursue its own way and work to the end of increasing the fair fame of American medicine and surgery.

G. H. R.

HOSPITAL NOTES.

MEDICO-CHIRURGICAL COLLEGE.

Probably Garretson does more deep nerve cutting than any other surgeon in the country, and the results are uniformly successful. A few days ago he removed the superior maxillary nerve at its exit through the foramen rotundum. This is the eighth time within six months that he has cut off one or another of the cranial nerves at the point of its escape from the brain. These are operations eminently requiring complete mastery of the *tactus eruditus*.

Aortic Aneurism.—Mr. ——, aged 45, an Irish blacksmith, had been suffering for a year from dyspnœa, which was gradually growing worse. Some two months ago he applied to Dr. Garretson for relief. The patient's breathing was then extremely difficult, and at times he had exacerbations, so to speak, of the trouble, to the extent of falling to the floor helpless and unconscious in the struggle for breath. Dr. Garretson, after the most careful examinations, was unable to find evidences of either an aneurism or a mediastinal tumor, and finally concluded that the trouble might arise from a hypertrophied condition of the mucous membrane lining the larynx and the adjacent parts.

He therefore advised tracheotomy as the only possible means of prolonging the man's life, as it seemed that he must certainly soon succumb to one of the attacks of increased dyspnœa. The patient having consented, on Sept. 8th the operation was performed.

The insertion of a tube, however, did not relieve the man's breathing; and it then became evident that the difficulty was below the tracheal opening. The patient, after three days more of struggling for breath, died of apnœa in one of his attacks.

At the autopsy it was found that the whole of the arch of the aorta was converted into a huge, irregular shaped aneurism, fully six inches in diameter. Three large, more or less organized clots, were seen at different parts of the aneurism. One of them in particular was a spindle-shaped clot, extending from inside the left ventricle, having the aortic valves close on it at each beat, some five or six inches along the posterior wall of the aorta, and was two inches in diameter at the thickest part. From this clot a small branch extended several inches up the innominate and out the subclavian.

The heart had undergone fatty degeneration, and the left ventricle was much hypertrophied.

Dr. Garretson discussed with the class the obscurity in diagnosis, as regard was had to the recognition of the aneurism shown by the autopsy; the obscurity doubtless existing in the extensive clots found—no sign of a bruit having been present.

The patient's breathing had been entirely diaphragmatic; adhesions throughout the whole circumference of the lungs having prevented any movement of the thorax.

The specimen is in the museum of the Medico-Chirurgical College, and the case was offered by the lecturer as one of the most interesting and instructive that he had ever seen.

For two months preceding Sept. 15, Mr. ——, a patient of Dr. Garretson's, had been wearing an interdental splint as a support to his lower jaw, the right

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half of which was undergoing necrosis. But, as the primary bone was dying and discharging, giving the man almost constant pain, new bone was forming under the periosteum around the diseased bone. Dr. Garretson, having decided that the new jaw was strong enough to bear an operation, determined to remove at once all the disturbing element, and thus hasten a cure.

An incision three inches long was made along the lower border of the jaw, and the flap dissected up. With the surgical engine, he quickly and easily bored a hole through the enveloping new bone, and from within its embrace removed all that was left of the necrosing structure.

HEMORRHOIDS IN THE FEMALE.—In cases of hemorrhoids in the female, examine to see if the uterus is not retroverted, thus obstructing the hemorrhoidal veins. This is the most common cause of hemorrhoids in woman.
—*Montgomery.*

EXCEPTIONAL EPILEPSY.—Waugh exhibited at his clinic a case of epilepsy which had two rather uncommon features: one was that the patient does not become unconscious during the attack; the other, that the convulsion is on one side only. The patient was a hard-drinking man of fifty, and the convulsions were of but one year's standing, with the cause obscure. Pending a thorough examination as to the cause, the bromide treatment was given.

THE UTERUS IN EPILEPSY.—Speaking of the uterus as an exciting cause of epileptic attacks, Waugh says that in one case he noticed on the os uteri a small red spot. Upon his touching this spot with a probe, the woman went into a violent convulsion. He immediately snipped out with a pair of scissors this reddened portion, and the patient has never since had an attack.

CIGARETTE-SMOKING A CAUSE OF LARYNGITIS. — A common cause of chronic laryngitis of an obstinate form is excessive cigarette-smoking. The variety is called *hypertrophic chorditis vocalis.* —*Barton.*

PAPILLOMATA ON THE VOCAL CORDS. —Following a chronic laryngitis, we not unfrequently find papillomata growing on the vocal cords. If these are large, remove a small piece each time, and cauterize the fresh surface with acid nitrate of mercury, one to eleven.
—*Barton.*

HOW TO OPERATE ON THE VOCAL CORDS.—In making an application to the vocal cords, in order to avoid what is sometimes a dangerous spasm of the glottis, it is well to spray rhigolene for a few minutes outside the neck, over the insertion of the recurrent laryngeal nerve; meanwhile having the patient hold bits of ice in his mouth.
—*Barton.*

VERY HIGH STRUNG.—In the course of a lecture on "Diatheses," Waugh related a case of extraordinary nervous sensibility happening in his practice. The patient was a boy of ten, whose finger-nails were so sensitive that, immediately upon cutting them, a soothing ointment must be applied, and the fingers kept wrapped in cotton for two days.

JEFFERSON COLLEGE.

GOOD DRESSINGS.—For dressing small wounds it is well to have on your shelf a bottle of iodoform and collodion. After cleansing and drying the wound, it is painted with the mixture; and then, hermetically sealed, healing rapidly takes place.

As a dressing for larger wounds, it is well to keep on hand prepared gauze. You can make this by getting from the store as much cheesecloth as you wish, boiling it in water in which some soda has been dissolved, and afterwards put away in an air-tight jar. It is also well to have a jar of bichloride solution of a strength of from $\frac{1}{5000}$ to $\frac{1}{2000}$. With this solution the wound should be washed, and the gauze saturated with it before being applied. HEARN.

ORTHOPÆDIC HOSPITAL.

AMPUTATION OF THIGH.—A few days since Goodman amputated the thigh of a boy, ten years old, for necrosis of the knee-joint, of a scrofulous origin.

SAD RESULT OF GONORRHŒA.—There is in the same hospital a case of anchylosis of the whole spine, due to gonorrheal rheumatism. The patient is receiving as treatment deep massage and large doses of iodide of potash.

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WILL'S EYE HOSPITAL.

A SINGULAR CATARACT.—Goodman operated on a case in which the anterior capsule had undergone calcareous degeneration. Upon breaking the capsule the lens flowed out as a milky fluid; and by the most careful search no nucleus could be found.

A NEAT PLASTIC.—Goodman has in the hospital a patient on whom he performed a neat plastic operation. She had an epithelioma as large as a silver dollar, extending up the lower eyelid close to the free edge of the tarsal cartilage. The growth was removed, and by an ingenious method he secured flap enough to cover the raw surface.

PHILADELPHIA HOSPITAL.

SPONTANEOUS COAGULATION IN CHOLERA INFANTUM.—As an evidence of how the blood may be depleted of its fluid constituents by the profuse diarrhœa of cholera infantum, an autopsy at the hospital showed that the immediate cause of death in a case of this kind had been a clot in one of the lateral cerebral sinuses—the result of spontaneous coagulation.

DISINFECTION IN CHOLERA INFANTUM.—The napkins from children afflicted with cholera infantum are disinfected by being boiled and afterwards dipped in a weak solution of bichloride of mercury.

ANTIPYRINE FOR BABIES.—For pain and fretfulness in nurslings it has been the custom to give antipyrine in doses ranging from gr. ¼ to gr. j. Opium has been given only a few times, as the other has proved quite satisfactory.

ANEURISM OF THE INNOMINATE.—At the Medical Clinic on September 15th, there was exhibited a most interesting case of aneurism of the innominate.

The patient, a boatman of forty-nine years of age, had been treated for two years for neuralgic pains in the right shoulder and arm; and, during the nine months preceding his admission to the hospital, he had suffered considerably from dysphagia and dyspnœa.

The true cause of his trouble was not suspected until two months ago, when a tumor about three-quarters of an inch in diameter suddenly made its appearance in the center of the manubrium. Having once made its way through the bone the aneurism continued rapidly to absorb the bone until now fully the superior half of the sternum has disappeared along with the cartilages and ribs attached to that part of the sternum as far as from three to five inches to the right of that bone.

The appearance now presented is that of a tumor of an irregularly circular shape, some six inches in diameter, and four deep at the middle point. Not the least interesting feature is a diverticulum, three inches long and an inch and a half in diameter, extending from the main tumor in the direction of the common carotid, but *over* the clavicle.

The right radial pulse is much weaker and more compressible than the left. On account of the difficulty in breathing, the man's favorite position is sitting on the edge of the bed with his head leaning forward on the back of a chair. Among other reasons for diagnosing the aneurism as one of the innominate is the fact that the heart is displaced only one interspace downward and not at all outward.

THE ANTERIOR FONTANELLE in young children is a convenient and tolerably accurate means of estimating the amount of blood in the body. If the finger find a considerable depression, the quantity of blood is below normal; but if the skin of the fontanelle is on a level with that surrounding, the blood is all right so far as quantity is concerned.

TUBERCULOUS KIDNEY—DOUBLE URETER.—Two kidneys were shown from the same subject, one of which was tuberculous, and was marked by a number of cavities, several of which were half an inch in diameter. The other kidney was interesting by reason of having two ureters, each beginning at the pelvis, one and one-half inches apart, they joined in a common ureter three inches from the entrance to the bladder.

ATLO-AXOID INFLAMMATION.—At the surgical clinic a case was shown of this rather exceptional trouble. Three months before, the patient, a woman, had fallen backward, striking her head severely on the floor. Two or three days afterward pain and stiffness followed, and, growing worse, she finally came to the hospital. Here inflamma-

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tion of the atlo-axoid articulation was diagnosed, and the woman was put on her back in bed, with a sand-bag on either side of her head to hold it in position. In these cases healing is both slow and uncertain, requiring from three to nine months. Sometimes, too, inflammation involves the transverse ligament, a movement of the head or body displaces the odontoid process backward, and death follows as quick as by a stroke of lightning. Frequently an abscess forms, determining forwards as a retro-pharyngeal abscess, or backward or downward. If life is spared, there is generally anchylosis of the joint.

TREPHINING FOR EPILEPSY.—Lately there have been performed two operations at the Philadelphia Hospital, and one at the Orthopædic, of trephining for epilepsy.

These cases of epilepsy were of the Jacksonion character, and by the manifestations of the trouble, the lesion was in each instance located on either side of the upper part of the left fissure of Rolando. The button of bone was in each case replaced and united without any trouble to the surrounding bone. In each case, too, most marked benefit followed the operation; in one an absolute cure resulting.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, September 6th, 1888.

J. C. DACOSTA, M.D., in the Chair.

DR. WM. GOODELL read a paper entitled "A Year's Work in Oophorectomy."

During the year 1887, he had had nineteen cases with one death; but including the cases he had since had there was only one fatal result in twenty-nine cases. The cause of death in this fatal case was uræmic coma from suppression of urine. How far the administration of ether was to be blamed for this renal complication he was not prepared to say, but he was inclined to think that chloroform was not so liable to cause congestion of the kidneys. The operation was performed for diseased ovaries and tubes, which were greatly crippling her.

The eighteen successful cases were performed for the following reasons and with the following results:

Uterine fibroids cured 5, improved 1.

Menorrhagia and ovaralgia cured 2, improved 1.

Ovaralgia cured 3, improved 1.

Epilepsy improved 1.

Hystero-neurosis cured 1.

Insanity unimproved 2.

Pseudo-muscular hypertrophy unimproved 1.

In his experience the removal of the ovaries for uterine fibroids is almost always followed by a cure, that is to say menstruation ceases, the tumor rapidly lessens in size and no further inconvenience results from bulk pressure.

Of the three cases of menorrhagia associated with ovaralgia, the lack of complete success in one was due to the fact that only one ovary could be removed. The other ovary was so matted in organized exudation as not to be distinguishable.

The failure in one of the cases of ovaralgia was due to the persistence of menstruation after a thorough extirpation of both ovaries. This is a very rare result, but it will occasionally happen. Menstruation usually ceases in these cases after the lapse of a few months.

In the case in which the ovaries were removed for epilepsy, the result has not thus far been a cure, but the attacks come at longer intervals. Hardly time enough has elapsed for the woman to reap the full benefit of the operation, for she still has regular catamenial molimina, accompanied by bloody expectoration.

Time enough has not yet elapsed to decide whether the two insane patients will be improved or be cured by the operation. Each one was an invalid, and each one became physically well, but not mentally so. In Dr. Goodell's experience, which has not been a small one, those cases which exhibit aberration of intellect only during the menstrual periods will almost always be cured by the removal of the ovaries. But cases of insanity, in which the hallucinations are continuous, yet much exaggerated

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at the catamenial periods, are by no means so likely to be cured by the operation, although they are generally very much improved. In any case about two years time must elapse before the nerve perturbations of this artificial change of life wholly disappear, and a cure should not be expected before that lapse of time. What is true in mental cases, and in purely nervous ones, is also true in a measure when even coarse lesions of the ovary are found. Hence the surgeon must not look for full results, or for complete freedom from groin-aches and pelvic pains, directly after the removal of even diseased ovaries and tubes. He must wait patiently for the ovarian nisus or habit to cease, until, in fact, the menopause has been wholly and fully established in every way.

In the foregoing nineteen cases, the spray was not used, but every other antiseptic detail was carefully carried out. The pedicle was tied with silk; the wound was closed by the same material, and dressed with gauze dipt in a glycerole of carbolic acid. Drainage was employed but once, and that in the fatal case; but this had nothing to do with the issue. Eleven of the cases were treated at his private infirmary, seven at the Hospital of the University of Penn., and one at the patients own home.

Dr. H. A. Kelly liked the moderate tone of the paper just read. He believed that here, as in other fields of work, we must be often satisfied with relative results. He liked the term "Ovaralgia" now better than he once did. Until we are better able to differentiate the exact nature of the lesion in some of these cases, he thought the term "ovaralgia" used generically is a good one.

He had a rare case of salaam convulsions which had been treated for a long time. He had been called in to decide the advisability of an operation and had refused to remove the ovaries. Two years later the ovaries had been removed and the patient cured. There did not seem to be any distinct connection between the pelvic and general condition.

Dr. M. Price asked Dr. Goodell if in these operations he had ever noticed in ligation any change in the number of the heart beats? He had several patients, in whom, on the evening of day of operation he had found the pulse as low as 48. He had noticed somewhere that an operator found a drop of the pulse from 80 to 35 on ligating the ovarian nerve. Since then he had had the pulse beats counted on a number of patients at the time of the ligation and had found a drop of only 4 or 5 beats at most.

Dr. J. Price said that Dr. Johnston, of Danville, Ky., had dwelt on the matter of slowing of the pulse very fully.

He thought that the explanation of continued pain after an operation was to be found in the adhesions of the intestines, etc. Some of his most satisfactory results had been obtained in cases of extensive adhesions. In a recently reported case the patient had complained of agonizing abdominal pain, an adherent omentum and a knuckle of intestine had been separated and complete relief obtained. He had operated on a number of cases where the only lesion found was a general adhesion of the whole mass of intestines. He had thoroughly separated them and had obtained most satisfactory results. Mr. Tait has repeatedly re-operated to free adhesions. He felt that operation for nervous disturbances was of very doubtful benefit and he never operated unless he found actual disease. He preferred handing the patient over to others.

Dr. M. Price related a case in which the whole trouble was due to adhesions. It was supposed to be a case of gall-stones. No disease and no gall-stones were found, but the intestines were matted together, the adhesions were released and no pain was felt afterwards.

Dr. Joseph Hoffman. Dr. Price has referred to lowering of the heart beat after application of the ligature. In a case of my own the pulse, which on the day of operation, before ether had been given was 120, had gone down in a few hours after the operation to 58. After ten days it crept up to 80. This low register of 56 to 58 was sustained even in spite of the temperature being 101° or 102°.

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Dr. B. C. Hirst had operated on a case in which a small portion of one ovary was left. The case had ceased menstruating even in spite of the part left behind. A stitch had passed through the remaining piece.

Dr. W. S. Stewart wished to know the effect of removal of both ovaries on menstruation, if at the time it should occur, there were any evidences, such as acceleration of the pulse, etc., as seen at the menopause?

Dr. Wm. Goodell had referred to the point suggested by Dr. Stewart in his paper and he said that just such symptoms appeared in these cases as appeared after the natural menopause. The full results were not obtained until after these ceased. He had never noticed a fall in the pulse beats as referred to, but he had often seen serious collapse follow the pinching of the ovary. He had seen the pulse fall to 97° and in one case below this. He thought that a counterfeited aneurism was by no means an infrequent symptom of ovarian disease. He had had a patient from a distance suffering from ovarian enlargement, aortic pulsations and other nervous disturbances, for which he prescribed. Afterwards a local surgeon insisted that she had aneurism. A second examination convinced him that such was not the case. This was afterwards made evident by her passing through an exceedingly difficult confinement safely. There are two conditions in which he was willing to operate for the removal of the ovaries, although he found no disease. One is *epilepsy*, the other is *insanity*, for in these cases a woman should never conceive. He believed that the State should interfere to prevent men and women who suffer from epilepsy or from insanity from getting married. Indeed he is not sure that the day may not come when by act of legislature an insane man will be castrated and an insane woman will have her ovaries removed. He has had a good deal of experience with removal of ovaries for insanity and has had some happy results; on the other hand he had been disappointed at times. In cases of epilepsy he had not had so much experience. He wished that gentlemen who have had such cases would report them.

Dr. C. M. Wilson had had three cases such as spoken of by Dr. Goodell. In two the result was negative. One patient was apparently benefited for some months, but recent reports say that there is a gradual relapse into the former condition.

Dr. H. A. Kelly had, about three years ago, operated on a girl with a brachial paresis resulting from infantile palsy, with, also, epileptic attacks pre- and post-menstrual in character. For some months there was no improvement; but lately she has become better.

Dr. Kerlin had remarked to him that if in a good many of these cases of hopeless idiots, operations were performed removing the respective organs during the period of active growth, they would not develope some of their worse features and would be more easily managed.

Dr. J. M. Baldy had a case which at the time of operation looked like true epilepsy. There were excessive pain, vaginismus, and other symptoms. The pain was relieved, but not the vaginismus, for which a subsequent operation was performed. The epileptic attacks had continued. They were, however, becoming much less frequent than formerly. Some two years had now elapsed.

Dr. J. Price operated on a patient with double pyosalpinx and epilepsy at the menstrual period, and at no other time. The recovery was complete and the relief absolute. Some ten months after she went to another institute complaining of pain and was again opened. He wished to know whether or not in these cases convulsions come on during the period in which the patient is in bed after operation.

Dr. Joseph Hoffman had a case of three months' standing, which suffered from hæmato-salpinx and suppurating appendix. The patient had been having epileptic attacks. She has been entirely free from them since the operation.

Dr. W. S. Stewart said that he did not think that the ovaries should be removed in all cases of epilepsy, as suggested by Dr. Goodell. He had an epileptic patient whom he had confined several times, and whose children show-

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ed nothing wrong about the intellectual development.

He had removed the ovaries of a woman suffering from epileptic seizures, and she had received no benefit from the operation. She is now in an insane asylum.

Dr. Goodell said that there was no disease so likely to be inherited as epilepsy and insanity. If Dr. Stewart lived long enough he would find the children referred to develop the disease.

Dr. H. A. Kelly reported a *case of Cæsarean Section.*

He operated April 17th of this year, delivering a living child and saving the life of the mother.

The patient, a slight woman, 4 feet 4 inches in height, had been in labor two weeks, her physician, Dr. Ireland, having watched by her bedside constantly for nine days previous to the operation. The waters ruptured four days before operation.

The estimated actual conjugate diameter was two and a quarter inches, although the pelvis was so choked by general œdema and hard cellulitic masses that it was impossible to recognize any structures with satisfaction, much less reach the presenting part of the child.

The patient's pulse at the time of operation was 142. The operation lasted thirty-five minutes. The after condition and convalescence was one of comfort and rapid recovery.

This makes the ninth case operated on in Philadelphia, the first being by Prof. Gibson in 1835, the historic case of Mrs. Reybold.

Dr. Kelly stated that he had since that time also operated upon another case for a relative indication, in preference to performing craniotomy upon a living child, with the result of saving both mother and child; this question, however, of the relative indication, was one of such importance, deserving such careful consideration, that he would reserve it for a more elaborately prepared paper at a future date.

Dr. Joseph Price read a paper on *The Abuse of Cæsarean Section.*

On the legitimacy of the Cæsarean section, there cannot be now, under certain restrictions and limitations, a question. In extreme cases, where hasty operation is necessary in order to save the life of the mother, where there is impaction or where there is a tumor blocking up the uterine or the vaginal outlet, discussion or hesitation has little place, and he can operate best who has all resources at command and acts without hesitation.

The real points for discussion of the true necessity of the Cæsarean section, in order to terminate a labor, with greatest safety, first to the mother, then to the child, are: first, "*The degree of contraction in the pelvis;*" second, "*The advancement of pregnancy;*" third, "*The chances for the induction of premature labor.*" As to the first: As an epitome of the latest generally received opinion, we have the statement of Craig Smith: "The operation [Cæsarean section] is said to be justifiable when the contraction is so great that we cannot expect to deliver the fœtus per naturales vias, with or without embryotomy, and save the mother. The degree of contraction is generally stated as one and a half inches and below. But in cases in which much distortion exists we may have an upward limit of two inches."

Here, then, is a plain expression of conservative opinion as to the degree of deformity necessitating or justifying the operation. "As to the induction of premature labor," says Playfair, "there are few practitioners who would not deem it their duty to spare the mother the dangers of the Cæsarean section," this being especially true since "there is no amount of deformity, however great, in which we could not succeed in bringing on miscarriage by some of the numerous means at our disposal."

The time at which premature labor should be brought on varies, of course, with the degree of deformity of the pelvis; the tables of direction have been admirably constructed by Kiwisch. Briefly, the period for induction of labor lies between the thirtieth and thirty-sixth week, and the corresponding sacro-pelvic diameters vary between two inches and six lines and three inches and five or six lines.

Here, then, naturally follows a discussion of the means for inducing premature labor. Of the many methods proposed at various times, the one

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seemingly the best is the use of the soft catheter. Its introduction well into the uterus for a distance of six or seven inches is an almost certain means of speedily producing labor pains safely.

I consider the British rule, that Cæsarean section should never be an operation of election, but one of necessity, in general terms, as the safeguard of puerperal women. Once establish the precedent that the Cæsarean section is an elective procedure in obstetrics, and thereby lay down also the principle that abdomino-uterine section is a safer procedure than the introduction of a soft catheter into the uterus before full term, the way is laid open to every aspirant for obstetric fame, who is the fortunate possessor of a knife, to find cases for his zeal at every court and corner in the city, if perchance he can of himself persuade the parturient woman of the necessity of delivery by "*the new natural method of delivery.*"

An axiom as to the operation is laid down by Lusk: "The precise limits at which the dangers of delivery through the pelvis rise to the level, or exceed those from Cæsarean section, is not easy to determine. It depends partly upon the size and ossification of the child's head, and largely upon the experience and dexterity of the operator." The converse of this proposition is true also. The greater the experience and the more careful the observation of the operator, the less frequently will he be led to resort to Cæsarean section, if he hold in mind that it is an operation of necessity, not of election.

Two cases will illustrate the dangers here referred to, and the justness of these forebodings.

Case I.—A woman, already delivered of a living child, yet living at four years. Three other deliveries at term with the forceps. All of these children dead. No attempt at premature labor. In the fifth pregnancy she is decided upon as a case for Cæsarean section. She passes into the hands of another attendant, who, after careful pelvic measurements with a consultant, decides on premature labor. The woman delivers herself without instruments of a child, whose head has a biparietal diameter of three and one-fourth inches, the period of gestation being eight and a half months. The previous measurements of the pelvis, had decided upon an antero-posterior diameter of three and a half inches.

Case II.—Is an actual operation. A woman in third pregnancy. First child delivered after thirty hours; labor with instruments, dying soon after birth. Second pregnancy: She delivers herself of a child of normal proportions *at full term, without instruments.* The child yet living. Third pregnancy: *Cæsarean section.* Recovery after protracted convalescence. Child still living.

Here are lessons full of instruction. What do they teach?

Dr. M. Price thought that the duration of labor had nothing to do with the choice of Cæsarean section. He had delivered a woman two weeks since who had been in labor seven days. It was an occipito-posterior position, and the cervix did not dilate more than enough to permit the introduction of two fingers. He introduced his hand, dilated the os and applied Simpson's forceps. The delivery occupied an hour and a half; but the woman made a good recovery. Had the case been delayed a few days longer, there might have been a necessity for Cæsarean section. Where there is an inflammatory and œdematous condition of the pelvis, he thought there should be some forcible measures adopted for the delivery of the patiet.

Dr. Wm. Goodell thought that the title of Dr. Price's paper was not a fortunate one: for the gentlemen who are called upon to perform Cæsarean section are usually not the attending physicians, and they have had nothing to do with the previous medical attendance on the patient. He believed in the induction of premature labor, and would do it in preference to the performance of Cæsarean section. But often the patient herself will not submit to the induction of labor. Dr. Price would probably admit, one day, into the "Retreat" an Irish woman who has had the most frightful labors, and who had persistently refused, from conscientious motives, to permit the induction of labor. He could conceive of cases where it would be better to perform Cæsarean section, although he

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had never as yet done so. Probably in some of the cases in which he had formerly opened the head he would now do the Cæsarean section. He thought a woman might go on safely in labor for an indefinite time, so long as the bag of waters had not ruptured, with very little danger to herself.

Dr. H. A. Kelly remarked that the bag of waters had ruptured four days before the operation. The pains had been very hard before this time, and did not change in character afterwards, although the woman soon dropped into collapse. The pelvis was so choked by a hard cellulitic mass that it would have been impossible to dilate anything or reach anything above the mass. The second paper evidently referred to his case performed on a relative indication in preference to craniotomy. That case he had not yet reported, reserving it for a full, careful discussion. Where any such garbled, distorted particulars had been hunted out, he did not know, nor could he reply to criticisms offered in such a tone. His profession was his life; and he came here to impart, and still more to receive information in a spirit becoming the dignity of the profession, and he would not make life unhappy by taking part in any miserable bickering.

Dr. J. Price said that in a long experience in the Obstetric Department of the Phila. Dispensary, he had numerous cases of deformed pelvis and illy developed women, some of them very young. He would simply call attention to two typical cases. *No. 1.* A case in which Dr. Eliot Richardson had five times done craniotomy or complete evisceration. This woman applied in her sixth pregnancy to the Phila. Dispensary, and was assigned to Dr. Joseph Fox for induced labor; in a period of five years he had induced labor three times, in this case, delivering by forceps and saving two children, one still born. Case *No.* 2. Also a Dispensary case, had in her five previous labors the children destroyed, the sixth was provoked at eight months, two weeks, and she was delivered with forceps of a fine large male child. In a short experience at Preston Retreat he had dealt with two cases of greatly contracted pelves, in both of which Dr. Goodell had twice or thrice induced labor, delivering living children. Recently two cases were sent in for induced labor or Cæsarean section. The consultants determined on the induction of labor. Both cases terminated favorably with living children; one of them was a forceps delivery, the other normal. These are only typical cases; but few of the many he could cite in his own experience.

If Dr. Kelly was satisfied that the last case given in the paper was his second Cæsarean section, he was sure he was welcome to his knowledge, as no one else would wish to lay claim to it.

Dr. J. Price exhibited a specimen of a small male fœtus, at about the third month, removed from a case of extra-uterine pregnancy. Patient healthy and twice married. There had been numerous attacks of pain. Recovery from operation was rapid. The following week he did an abdominal section on a woman who was unconscious and removed an extra-uterine pregnancy. She died 26 hours later. This was the sixth case of extra-uterine pregnancy which had developed in his practice in four weeks. One case he went into the country to operate, and found the patient dead when he arrived. Dr. Formad told him that this was a very common result in his experience as coroner's physician.

He also showed a dermoid cyst, removed from a woman who had suffered from chronic peritonitis for years. Her physician had given her as much as a grain of morphine hypodermically and had sat up all night etherizing her, to relieve her pain. She was greatly emaciated, with a rapid feeble pulse, high temperature, and had been in bed for six weeks. Whole tumor enucleated, no ligatures required. Intestines separated and irrigated—glass drainage. This is the ninth day and she is rapidly convalescing.

J. M. Baldy, *Secretary.*

REVIEWS AND BOOK NOTICES.

Therapeutics: Its Principles and Practice. By H. C. Wood, M.D., LL.D., etc. Seventh edition. Rearranged, rewritten and enlarged. Philadelphia, J. B. Lippincott Company. 1888. Pp. 908. Price, $6.00.

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That notwithstanding the many competitors to be found in the market, a work on therapeutics should reach its seventh edition in thirteen years, is evidence of the high appreciation in which it is held. During the three years which have elapsed since the appearance of the sixth edition, Dr. Wood tells us he has carefully studied nearly six hundred memoirs. Remedial measures other than drugs have grown in favor, and this department has been transferred to the first part of the book, and its scope extended so as to take into account massage, metallotheraphy, diet, etc. The new drugs have received due attention, and the articles upon the old ones have been in many cases rewritten.

A new classification has been adopted, which the author believes to be more simple and natural than that previously employed.

Dr. Wood's book is one which requires more study than some of its contemporaries, but it is better worth studying. It is not so pointed in its therapeutic precepts, but it is oftener correct. The author is a man too decided in his convictions to be capable of assuming the judicial impartiality at all times, and it will generally be found that his own results carry conviction with him far more readily than the same amount of evidence tendered by other and equally authoritative observers. Taken all in all, however, we have little hesitation in pronouncing this the most reliable work on therapeutics in the English language, and we cheerfully recommend it to those of our readers who desire to be versed in recent therapy.

ABSTRACTS.

GELSEMIUM.—GARLAND, in the *Boston Med. and Surg. Journal*, gives his experience with this potent drug. In the paroxysms of hysteria he recommends gelsemium above all other agents, pushing it until diplopia and ptosis appear. Catarrhal headaches and those which accompany dysmenorrhœa and nervous debility from over-work are amenable to gelsemium. Neuralgias of the superior branch of the fifth nerve are also relieved by this drug, if not due to inflammation. The headaches of Bright's disease are also mitigated by gelsemium; but not bilious or sick-headaches. In the early stage of acute bronchitis, when the cough is bad, the tubes dry and there is pain in the chest, gelsemium relieves the distress, starts the bronchial secretion and lessens tension. This drug is an unfailing diaphoretic. Follicular tonsillitis, with acute febrile symptoms, is quickly relieved by this diaphoresis; as is also acute myalgia. Gelsemium will allay excitable reflexes, lessen the nervousness of passive cerebral congestion, and is said to give good results in acute meningitis.

McKay recommends it in ague, giving ¼ to ½ drop doses of the fluid extract every twenty minutes, commencing three hours before the expected chill.

Davis gives small doses to relax a rigid os, and for after-pains.

Chamberlain gives it with quinine to prevent ringing in the ears.

The dose for neuralgias is three to five drops of the fluid extract every half hour, or less, according to the pain.

To produce sweating, one drop every half hour is sufficient. One drop every hour will relieve bronchitis. In case an over dose is taken, morphine is the antagonist; also, digitalis, ammonia, and alcohol.

The advantages of gelsemium are its agreeable taste, its non-irritating quality, freedom from depressing after-effects, safety in heart diseases when used in ordinary doses; it does not create a habit, and the toxic symptoms are very striking, appear early and are readily obviated.

In moderate doses it slows the heart, lowers muscular force and sensibility, causes ptosis and dilated pupils, with diaphoresis. These symptoms should be produced in order to relieve neuralgic pain.

In toxic doses it produces vertigo, diplopia, paralysis of third nerve, labored respiration, slow and feeble heart, dropped jaw, staggering, extreme muscular weakness and anæsthesia, profuse diaphoresis, loss of articulation and death from paralysis of respiration. The temperature is lowered. The effects of a moderate dose pass off in three hours.

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CLINICAL LECTURE.

TREATMENT OF PLACENTA PRÆVIA.[1]

BY PROFESSOR PINARD,

Accoucheur to the Lariboisiere Maternity,

PARIS, FRANCE.

GENTLEMEN:—The treatment of misplaced placenta has an instructive and interesting history. Just as very often happens in medicine, it was instituted before the cause of the trouble was known. Guilleman, Mauriceau, De la Motte, Deventer and Puzos did not know, or would not admit that the placenta could be inserted on the inferior segment of the uterus, and yet you will find in your books *Puzos' Treatment* described for placenta prævia, although he did not know what the trouble was.

From the time of Louise Bourgeois up to Levret, two methods were used against hemorrhage. The first, advised by Guilleman, consisted in the rapid evacuation of the contents of the uterus when there was hemorrhage during labor; in one word, *forced labor*. The second method, called Puzos', consisted in acting, "*as soon as the woman was in labor*," by introducing one or more fingers into the os uteri and exciting the organ to open. This was interrupted from time to time, and thus by a gradual stretching labor pains were brought on, which Puzos hoped would press the infant towards the orifice. While the mother would press downwards, and the accoucheur would continue to press open the os with his fingers, he counted in fact on the rupture of the membranes, the compression of the uterus, digital dilatation and the descent of the fœtus to stop the hemorrhage. This was a form of *quickened labor* differing from the older accoucheurs, who only saw hope in an instantaneous evacuation of the uterus. Puzos, you will notice, only advised his treatment *when the woman was already in labor;* but when the hemorrhage came on during parturition he used bleeding and repose. Portal, in 1682,[2] saw that there was a misplacement of the placenta in these cases, but only advised forced quick labor. Levret[3] demonstrated the fact, but he thought the insertion was a central

[1] This clinic is printed from advance sheets of Professor Pinard's volume of *Leçons de Cliniques Obstetricale*, to be published in December, 1888. Translated by Thomas Linn, M. D., Paris.

[2] *Pratiques des Accouchements.* Paris, 1682. Portal. Pp. 39 to 69.

[3] *L'Art des Accouchements*, 1766. Pp. 44.

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one in all cases, and he also advised rapid labor. Next came Leroux, of Dijon, who wrote in 1776 his work on *Observations on the Loss of Blood by Women in Labor and during Confinement, and Means of Cure.* It was Leroux in this work who first advised the use of a vaginal tampon, although it had already been employed by Hoffmann and Smallie. He said he would put an *impassable dam* to the flow of blood *before or during labor.* And up to a few years ago, with the exception of Simpson's method of tearing away the placenta, and the use of ergot, both of which are now happily abandoned by everybody, the forced labor method, Puzos' accelerated method, and Leroux's tampon were all advised according to the case. In France the tampon was almost exclusively used. In England (1863) Braxton Hicks advised a method which consists of pelvic bipolar version by external and internal combined action of the hands, then bringing a foot down into the vagina. Germany, with Hofmeier, Behm and Lomer, adopted the idea, and Lomer (1884, *American Journal of Obstetrics*) gives 178 cases where it was used. Robert Barnes, relying on a conception of the cause of hemorrhage that I believe to be false, advises introducing a finger into the uterus and pulling off the placenta in a circle of 76 millimetres; he then breaks the membranes, and puts in one of his dilators, which acts as a tampon and excites the uterus to action. Schroeder, in 1877,[4] advised the *premature rupture of the membranes in placenta prævia;* and I published in 1886 an article on this question, in which I showed the cause of hemorrhage in such cases, and what treatment should be employed, to which I will return in a few moments.

Having now stated the different means available, let us see the advantages of each, and when they should be used. *Forced labor*, done in the rapid style of the old accoucheurs, gave most deplorable results; so that it is justly condemned and abandoned, as it was seen that if by rapid action they prevented the woman from dying of hemorrhages caused by the misplaced placenta, they also killed her in another way by consecutive hemorrhage, tearing the uterus or vagina, etc. So we will put this method on one side, along with the use of ergot.

But it is not the same with *accelerated labor*, which now comprises three methods: 1. *Puzos;* 2. *Barnes;* 3. *Braxton Hicks.* The first is not used as it was by Puzos, as dilatation by the fingers is difficult, and besides it often produces partial ruptures of the os, which are dangerous in these cases, causing increased hemorrhage during labor and after delivery; besides, they are open doors to pathogenic germs.

Barnes' method is used in America and England, and according to Murphy, the results are good: in 23 cases, mothers died, 0. per 100; infants, only 43 per 100. But it seems to me that the tearing off of the placenta in this method is useless; I even think it to be dangerous whenever the membranes are accessible.

Braxton Hicks' method is a rational one, and should give good results; but I think that pelvic version is a delicate and difficult operation which is often useless.

Leroux's tampon can only be used under certain conditions, and its dangers are numerous. To be of use, it must completely fill the vagina, so that no blood can pass between its walls and the plug; and also the tampon itself must be compact enough not to allow the blood to saturate it. Only those who have put in a tampon know the difficulties of doing it and the quantity of material needed. Professor Pajot used to say that it required a high hat full of lint at least. During the last fifteen years I have never seen a woman brought to the hospital who was properly tamponed, and I have seen numbers more or less filled with various kinds of lint, etc., which did not prevent the hemorrhage from going on. Besides being efficacious, a tampon must not be *dangerous;* that is to say that it must be *aseptic*, so that the material used must be kept in large quantities in tightly closed jars with antiseptic liquids. I need not say how difficult this is to do in private practice. It is only possible in hospitals. Finally, a tampon acts *blindly.* We do not know what is going on be-

[4] *Zeitschrift fur Geburtshulfe*, p. 225.

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hind it—whether the placenta continues to bleed or not; so that it is at least dangerous for the child's mother; so that, before antiseptic days, one woman in three died. Since, however, we have used disinfected material, the mortality has fallen to six per cent. As to the infant deaths, however, they remain at about fifty-five per cent.; so that we must conclude that the tampon should not be a *method of choice*, but only one of *necessity*.

I come now to the *rupture of the membranes*. It was improperly called Puzos' method, and was really recommended by C. Schrœder, as I said before. I believe it to be the most certain of all means used, as well as the most simple and rapid. I have been led to this conviction by observing that in all cases of misplaced insertion of the placenta, where there was a spontaneous rupture of the membranes, there was no hemorrhage, so that I advise you in such cases to break the membranes. Since I have adopted this method at this Maternity, for the last three years, I have only two deaths in thirty-nine cases, and in the two fatal cases a tampon had been used by persons in the city before they were sent here, and septicæmia was the cause of death.

Let us now see what is the best thing to do according to the different circumstances in which you may be called to act in practice. First, a hemorrhage may come on *during labor* or *some time beforehand*. In this last case it may be slight, or considerable in quantity, and serious.

If it is slight, then make your diagnosis of the presentation, and if it is a transverse, with shoulder presenting, transform it at once by making use of *external* version; you will ask if you should try to bring the cephalic or pelvic extremity down. Braxton Hicks, and his partisans, prefer the breech; but I do not agree with them about this matter, feeling sure that the child runs more risks by breech presentation; therefore, bring down the head and put on a bandage, Pinard's *Eutocique* or a strong linen band well applied and tightened; next use warm antiseptic vaginal injections—biniodide at one to four thousand, or carbolic acid solution one per cent. These irrigations have a double action. They take away all clots, and render the vaginal cavity aseptic, and also act as a hemostatic. The application of cold, ice, etc., to the belly or vagina, as well as astringent injections, are no longer employed, and have no action in these cases.

If the *hemorrhage is serious* or grave, it may be so not only by a large flooding at once, but also a slight one which is persistent, and often repeated. Very often you cannot judge how much blood has been lost, as the linen has not been kept, and the information given by the patient, or her family, is not to be relied upon; so examine the state of the woman yourself—paleness, feebleness of pulse or perhaps acceleration, tendency to faint, vomiting, etc.; these signs will allow you to judge of the gravity of the case. Your action should be the same whether the hemorrhage is considerable, or often repeated and slight; you must not count on its stopping spontaneously, but stop all present and future bleeding, or you will be called when it is too late to do so, if you only prescribe stimulants, and go away.

So, in face of a serious case, and after making antiseptic irrigation, and finding the presentation a longitudinal one, what must you do? Introduce your hand into the vagina, and one finger into the external uterine orifice, and tear the membranes freely. If you can not do so with the finger use an instrument—carefully guided by your fingers so that no lesion is made of the mother's parts, nor the infant's. In any case—*break the membranes*. I have never met a case of central insertion of the placenta; but if I do I should search the periphery of the placenta, and tear the membranes.

What shall we do during labor? First, make the diagnosis sure of the presentation, and if the head is down, no matter what the dilatation is, tear the membranes, and let the water come down. If the head is high up and movable, and the abdominal walls thick, and you have reason to fear that it can not be kept in place, then make version, bring the breech down and a member into the vagina. If the breech presents tear the

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membranes, no matter what the dilatation is, and bring down a foot. If transverse, the same, or bring head down, as most convenient. It may be that you may be called when a portion of the placenta is off, and down in the vagina, push it on one side with your hand, tear the membranes, and bring the fœtal part to engage itself so that it will not push the placenta before it.

I cannot too strongly recommend you, gentlemen, in all cases, to leave to nature the care of the expulsion of the fœtus. Any instrumental interference by extraction will only lead to lesions of the os and inferior segment of the uterus, that are often of great danger to the life of the mother.

Use antiseptic measures more than ever in placenta prævia, and alcohol in the shape of cognac, champagne, etc., should be given in large doses. If, notwithstanding this, the syncope persists, and the pulse becomes filiform, while the respiration is frequent, you can then employ subcutaneous injections of sulphuric ether, and make compression on the four members with linen or rubber bands, so that the circulation will be kept in the body. Finally, you have a last hope—I was going to say a last shot—transfusion.

ORIGINAL ARTICLES.

BRIEF NOTE ON TWO CASES OF PRIMARY, DIFFUSE, EXFOLIATIVE DERMATITIS. (PITYRIASIS RUBRA?)

BY FRANK WOODBURY, M.D.,

Professor of Therapeutics, Materia Medica and Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc.

(Read before the Section on Dermatology, A. M. A., May 8, 1888.)

IN eighteen years of clinical experience in private and hospital practice I have encountered only two instances of the pathological condition, which I believe is best described by the title of primary, diffuse, exfoliative dermatitis. Were they cases of pityriasis rubra? This is a question that I find difficult to answer, knowing that this diagnosis will not be accepted by some; although the cases, to my mind, typically presented the characters usually described in the books as indicative of that disease.

It is often said, in a facetious manner, that if the patient gets well it is not a case of pityriasis rubra. Should this be accepted as a test, then only one of the cases I have to report will answer the requirements of the dermatologist; the other making a good recovery, being *ipso facto* excluded.

In using the word "primary," I wish to be understood simply to imply that the disease was not a part of a systemic morbid process (*i. e.*, like scarlatina or syphilis); as far as I was able to discover no such specific cause was operative in either case. At the same time, I do not mean by "primary" dermatitis rigidly to limit the morbid action to the skin itself, so as to exclude changes in the nerves, or a pathological state of the great ganglia. On the contrary, I have been impressed in the study of these cases with the fact that the symptoms and course of the disease point to possible involvement of the nerve centers or peripheral nerves as the real *causus morbi*, a condition, however, which thus far is purely a matter of inference and not of demonstration, by any means. I may say that my treatment was based upon this theory, the leading indication being, first, to relieve the irritation of the skin, which, by preventing a proper amount of sleep, produced exhaustion of the great nerve centres; and, secondly, to build up the system by easily assimilated, nourishing food, and particularly of fatty substances, like cream and cod-liver oil in pancreatinized emulsion. Fat being the special nutriment of nerve structure, an effort was also made to introduce this agent through the skin by means of inunctions with cocoanut oil.

I must apologize for the paucity of the notes of these cases; my sole object in submitting them is to introduce the topic for discussion in order to obtain your views upon the relation of such diffuse exfoliative dermatitis to the disease which has been distinguished in Europe by the name pityriasis rubra, and, if possible, to elicit the pathognomonic features of this disease, if it really existed as a distinct affection.

Case I.—Julius B., 40 years of age, a member of a German band which fur-

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nished music for a summer garden on the out-skirts of Philadelphia, was admitted June 30th, 1882, into the German Hospital, during my service as attending physician, and I saw him on the following day. He then presented the following appearance: He was well nourished, appetite and digestion fairly good, intelligence and special senses unaffected. He had no fever. His skin was uniformly red like a boiled lobster, and was interpersed with thin epidermic scales which were everywhere seen curling up from the surface and adhering by one edge; very few of these scales were as large as his little finger nail; most of them were less than a quarter of this size. They were nearly round, or irregularly elliptical, and of the uniform thickness of white tissue paper, which they greatly resembled; many of them lying in the bed-clothes were much smaller, and appeared broken up. These scales were freely shed and a goodly quantity, half a pint or more, were shaken out of his bed several times daily. The palms of his hands, the soles of the feet, and the hairy scalp were not exempt; even the eyebrows and thin beard were mixed with scales. The skin was not thickened. There were no crusts; the only approach to such a condition was where the patient had injured the skin in scratching, and had produced some linear or irregular abrasions, which were covered by dried serum. No eruption was seen upon the body, vascular, papular, squamous, vesicular, or bullous. The skin was dry, and where the scales had been shed it was shining. He did not complain of the itching, but constantly scratched or rubbed his limbs or body, apparently automatically and unconsciously. The irritation did not keep him awake at night, although it shortened his sleep. The surface of the body was not moist, but had rather a greasy appearance suggestive of fine parchment. He was quite susceptible to cold. He came into the hospital for treatment more on account of the peculiar appearance than because of any suffering or discomfort attending the disease.

His family history was negative. His own health had been generally good. Syphilis or venereal disease was denied. He was not subject to skin eruption, but thinks that he had some moist tetter some years before, and was always troubled with dandruff. The present affection appeared about the head first some three weeks before admission; he was not very clear with regard to the first manifestations of the disease; he evidently was not a close observer and probably was not very familiar with the usual appearance of the surface of the body and did not bathe very often. At all events, the disease gradually spread over the surface of the body until it attracted his attention by the general scaling off of the epidermis, which became so marked, about a week before his admission, that it attracted the attention of others, and he was led to seek medical assistance.

He was ordered to bed and treatment instituted which resulted in cure, and he was discharged (July 22d) in three weeks' time perfectly well.

Case II.—Mr. X., 69 years of age, of German descent, born in the surburbs of Philadelphia, a retired merchant, came under my care after he had been treated for nearly two months by another physician, who apparently had not recognized the disease. I was called to see him January 15, 1887, at a time when his case was pronounced hopeless by his former medical attendant. The characters of the disease were identical with the preceding, except that around the ears there was an eczematous appearance, and in this patient the itching was a marked feature. He was constantly rubbing his hands or scratching his limbs, or picking at his face. There was also an evident mental impairment; at times he was slightly delirious, and a few days before I had been called in he had gotten out of bed and found his way into the street, only partly clad, so that he had to be constantly watched. This feature may have been due to the nervous exhaustion caused by the disease, to senility, or to chronic alcoholism, or possibly to a combination of all of these causes.

The history given me was very briefly the following:

He had a gouty ancestry and was fond of malt liquor. When a young man he had an eruption upon his face

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and hands, and was subject to furuncles.

In March, 1884, he had had an attack of gout, and for some time afterward his leg was much swollen and red; this was attended by pruritus. In 1885 he had an ischio-rectal abscess, and was very sick after it was opened. The present disease apparently commenced in his eye-brows and behind his ears. As he scratched the skin it became inflamed, and in some places small points of suppuration were developed; at least this was the statement made by his wife. He did not take proper care of himself, and was very irregular in his eating, drinking and sleeping. The inflammation, about ten weeks before I saw him, had spread from these centres about the head to the rest of his body. I could not ascertain positively whether distinct areas of dermatitis occurred upon the body and subsequently coalesced. His mind was not very clear, and his family could not give me accurate information upon this point. He had no pyrexia, and were it not for restlessness and pruritus, he would not have been much incommoded by the disease. The scales were very abundant, so that his wife said that she had to remove them from the bed several times daily with a dust-pan. His appetite was good, but was easily satisfied. He had a good deal of thirst.

For a time the patient seemed to markedly improve under the treatment, but it was only a temporary improvement; his vital forces were not sufficient to enable him to rally, and he died of exhaustion on February 3d, in a little over two weeks after I took charge of his case. I might say, however, that the condition of his skin had decidedly improved in this short period, his itching was decidedly relieved, and the scales were reduced to one-third of their former quantity, and he was enabled to rest much better at night. The mental symptoms, however, did not much improve, and toward the last he was constantly delirious and he died comatose.

NOTES.—With regard to the diagnosis of these cases, I would state that in every essential particular they were alike. In the second case I had the valuable assistance of Dr. Arthur Van Harlingen, who saw him several times, and who gave me the following extract from his note-book:

"The eruption was of several months' duration; it consisted in an extreme general scaliness of the skin over the entire body, accompanied by diffuse redness, with slight infiltration. The exfoliative eruption consisted of very numerous, generally small scales, easily detached and produced in great quantity, so as to fill the bed after lying in it all night. The scales on the face and scalp were small, while those on the palms and soles were large. There were abrasions, here and there, from scratching, the eruption being very itchy."

The opinion which I expressed that it was a case of primary, exfoliative, dermatitis was approved by Dr. Van Harlingen, who, however, withheld his decision with regard to its being a case of pityriasis rubra.

Dr. John V. Shoemaker, who subsequently very kindly saw the case with me, thought, so I understood him at least, that it was a typical illustration of this rare disease.

I shall not take up time by discussing the points of diagnosis between the morbid process here illustrated, and psoriasis, eczema squamosum, lichen ruber or pemphigus. I will say, however, that in the presence of itching these cases do not agree with the description of pityriasis rubra given by some writers. How a diffuse inflammation of the skin, such as we find in these cases, attended by free desquamation, could escape being attended by some irritation and itching, I cannot imagine. A high degree of pruritus certainly was not noticed; but itching and scratching were features of the affection from which both these patients suffered.

With regard to treatment, it may be said to have been not specific, but supporting. Absolute rest in bed, with bland diet, principally milk, was insisted upon. Cod-liver oil, with hypophosphites, the elixir of calisaya, or compound elixir of iron, quinine and strychnine, with saline laxatives, and small doses of morphine at night, comprised the internal medication. Alkaline warm baths, once a day (80°–90°), followed by free inunctions with cocoanut oil, decidedly ameliorated the condition of the general surface, while for

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the local lesions caused by scratching, the benzoinated oxide of zinc ointment was freely used. At the suggestion of Dr. Van Harlingen, tar—

℞ Picis liquidæ.....3j
Ung. zinci oxidi.....3ij
Petrolati.....3vi M.

was used with excellent effect in relieving the irritation.

With regard to causation, I point to the fact that one patient was a German and the other of German parentage. One was distinctively gouty. Both used malt liquor freely, and were irregular in habits of eating, and rather negligent of the state of the skin. Both told me that they were fond of bread and mustard, and frequently took a lunch of this kind in preference to going home to meals. Personally, I am inclined to accord to the mustard and chronic gastric irritation (gastric catarrh), a large share in the etiology of the disease, to which other causes, such as alcoholism, undoubtedly contributed. The urine, though repeatedly examined, gave no warrant to the hypothesis that renal disease was present in either of the above reported cases.

ELECTRICITY IN THE DISEASES OF WOMEN.

BY G. BETTON MASSEY, M. D.

(*Fifth Paper.*)

INTRA-UTERINE GALVANO-CHEMICAL CAUTERIZATION.

(APOSTOLI'S OPERATION.)

THIS operation is the one most largely employed for the disintegration and reduction of fibroid tumors of the uterus, and it was while engaged in this work that Apostoli discovered its value in a number of other conditions associated with local alterations and hypertrophy of the uterine tissue. It is particularly valuable in the treatment of subacute and chronic endometritis, as elaborately pointed out by Apostoli in a recent monograph.[1]

Of its value in both classes of affections the author can bear the highest testimony, based upon results detailed elsewhere. It consists essentially in a concentrated cauterization of the interior of the uterus by one pole of a heavy current (50 to 300 ma.) administered from the bare surface of a sound-shaped intra-uterine electrode and dispersed by a broad indifferent electrode on the abdominal surface.

The battery, meter, and current controller used are described in Chapter II. Of the active and dispersing electrodes some special remarks are demanded.

The Intra-Uterine-Electrode. Apostoli, and some operators in this country, use a sound capable of being covered at will by a sheath made of either glass or hard rubber, or as specially commended by the former, of celluloid, which is said to be less absorbent than the rubber. These sheaths are extended backwards into handles, through the whole of which the sound slides, and to which it may be rigidly connected at will by a screw. In my own practice I found this arrangement presented certain disadvantages: It is difficult to render the interior of the tube aseptic, and the best antiseptic—the flame of an alcohol lamp—cannot be applied to the exterior of the rubber and celluloid sheaths owing to their inflammable nature. In most cases, moreover, the insulating cover should be extended beyond the bend of the sound in order that the cervix may be protected from unnecessary cauterization and the current action confined to the interior of the corpus alone; this is impossible if the sheath is made of a rigid material, and, were it possible, the abrupt increase of caliber at the end of the cover would render the proper introduction of the sound impossible in many cases.

An exceedingly handy way to insulate a sound to any extent found desirable in a given case, after the proper curve has been given to it, and at the same time to thoroughly sterilize it, is to heat it to a considerable temperature in the flame of an alcohol lamp and melt upon it a sufficient coating of pure gum shellac. This forms a smooth, highly insulating covering that adheres tightly to the sound and shades off in thickness at the bare end so gradually as readily to admit its passage wherever desired. The fusibility of the shellac without burning is its greatest advan-

[1] On a New Treatment of Chronic Metritis, by George Apostoli, Translated by A. Lapthorn Smith.

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tage over the best quality of sealing-wax, but the latter may however be substituted for it if the shellac is not readily obtainable.

In covering the hot sound at first the coating retained by it is too thin for safe reliance, and it should be made heavier after cooling by attaching additional quantities of melted gum shellac to it, the whole being then reduced to a uniform thickness by gentle fusing.

The procedure is only adapted to an electrode closely following the form of a Simpson or other rigid-shanked sound; and after the parts are once covered, there should be no danger of the covered portion bending, as the material breaks easily, giving rise to leaks when in use. This disadvantage is, however, more apparent than real, for nothing is more trying in this work than an attempt to employ one of the flexible-shanked electrodes made by some manufacturers, who erroneously insist upon making the curved portion rigid and the shank flexible.

The electrode usually employed by the author was made for him by Fleming. It bears a general resemblance to the Simpson sound, with a hard rubber handle, of the usual flat shape, for indicating its position *in uteri*, and the addition of a socket for the attachment of the conducting cord. The two and a half inches which may be left bare at the extremity are made of platinum, to adapt it for use as a positive pole. The covering should always be made to reach the platinum, and it is generally best to protect the os and cervix by carrying it much further up.

Before each operation, and after the desired curve has been imparted to the end, this electrode should be sterilized, and any accidental breaks closed by a thorough heating of the bare part and fusing of the first two or three inches of the covering.

The Cutaneous or Dispersing Electrode. The passage of heavy currents through the body in such a manner as that all painful or truly destructive actions shall be confined to the one electrode, was first achieved by Apostoli, by an adherence to and extension of scientific rules already well known. The importance of a large surface in minimizing the local action on the skin at the indifferent electrode has been urged by German writers for years. Apostoli wisely made this indifferent electrode unusually large, in keeping with his increased currents, and placed it on the abdomen, where both least resistance and least skin sensitiveness are found. For a means of making a perfect contact between the metal of the electrode and the skin, he has introduced the use of moistened potter's clay, specially worked over for each operation and spread upon a piece of tarletan in a cake a third of an inch thick and about 8 x 10 inches in size. This is laid on the abdomen, tarletan down, and on the top of it a metal disc (3 x 4 inches), which is connected by a conducting cord with one pole of the battery, is placed and gently pressed into good contact.

The objection to this form of dispersing electrode is the trouble and dirtiness of the clay, and the fact that the cold surface gives an unpleasant shock when first applied. It is evident that the water contained in the clay is the part of the compound that conducts the current, and that its only advantages are its size and the tendency to adhere closely to the skin. This quality of stickiness is nevertheless an important advantage when we are using strong currents (over 100 ma.), and I have found by experience that such currents may be passed through the clay with less danger of irritating the skin and causing an interference with the frequency of the operations than when any other form of conducting medium is used. For the easy preparation of the clay, a wooden frame or trough of the size desired for the electrode (8 x 10 inches) is used, having edges one-third of an inch high. Over this a piece of wet tarletan is laid. The clay is then thoroughly incorporated with sufficient water, then worked into proper consistence, and spread upon the tarletan with a spatula or trowel, sufficient being placed on it to fill the space within the frame. By grasping the edges of the tarletan the cake is now lifted from the frame and laid, tarletan down, on the abdominal surface, after which the trowel is passed over the surface, gently pressing it into good contact with the skin. On the

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top of the clay a plate is now laid to which one conducting cord of the battery is securely attached. I have found an advantage in having this plate consist of the thinnest commercial sheet lead, and of a size only an inch smaller than the clay cake. To make it adapt itself the more readily to the clay surface it is slit from the periphery to near the center in eight equidistant places. This large plate adheres so well to the clay and abdomen as to lessen greatly all risk of breaking contact by slight movements.

For currents less than 100 ma., and even with stronger currents when the patient's skin is non-irritable, we may use instead of the clay a pad of absorbent cotton of the same size made of at least three layers of the cotton, thoroughly wet with warm water. The lead plate is laid on top of the cotton in the same way as on the clay.

[TO BE CONTINUED.]

TRANSLATIONS.

BRADYCARDIA.—DR. F. Grob, of Zurich, Switzerland (*Deutsch. Archiv f. Klin. Med.*, May, 1888, p. 574), describes and discusses the characteristic symptoms of the phenomenon of "slowing of the pulse" under various conditions, after having made 100 observations. He does this because, as far as his knowledge extends, no attempt at an exhaustive investigation of this subject has hitherto been made; which seems the more singular, since the question of "hurrying of the pulse" (*tachycardia*) has long ago been carefully and thoroughly studied. At the suggestion of Prof. Eichhorst, he chooses the term *bradycardia* to designate this phenomenon, as contradistinguished from *tachycardia*.

Dr. Grob divides his 100 observations made at the Zurich medical clinic, according to their significance, into the following three groups:

I. Physiological bradycardia — 6 observations.

II. Idiopathic bradycardia—1 observation.

III. Symptomatic bradycardia—93 observations.

Group III, to which belongs the above related case, he subdivides into the following six classes:

1. Articular rheumatism—24 observations.

2. Diseases of the circulatory apparatus—1 observation.

3. Diseases of the alimentary tract—10 observations.

4. Diseases of the nerve centres and their peripheral nerves—6 observations.

5. Chronic infective and constitutional diseases—9 observations.

6. Convalescence after acute febrile diseases—43 observations.

The sixth class he groups, according to the several diseases, into sub-classes as follows:

Convalescence after measles, 1 case.

Convalescence after diphtheria, 2 cases.

Convalescence after erysipelas, 4 cases.

Convalescence after pleuropneumonia fibrinosa, 4 cases.

Convalescence after *typhoid fever*, 32 cases.

After having treated at length and in minutest detail of the groups, classes and sub-classes, as above noted, the doctor proceeds to make the following remarks concerning bradycardia during convalescence after typhoid fever:

"Bradycardia occurs principally during convalescence after severe but uncomplicated cases. Occasionally, a very notable lessening of the pulse's frequency is observed, having counted in one case only 36 beats per minute, while a lessening of its frequency to 40–44 occurred repeatedly. This diminished number of pulsations may, however, according to Peacock (*Medical Times*, 1864, vol. i, p. 32), easily be turned into the opposite condition during any exertion, so that, temporarily, a rapid rise of the pulse to 100–110, and in an upright position even up to 120 beats per minute, may occur. This is verified by a few of our own observations.

"Among our patients, this slowing of the pulse usually occurred only after the fever had for several days been in complete abeyance, or even when the temperature had become subnormal to 36° C. (96⅘° F.) and below, only, after an average duration of this period of 8–10 days, successively to descend again, with the progress of the convalescence, to the normal state.

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"Concerning the general condition of convalescents during this stadium of bradycardia, it is to be remarked that, even with excessive sinking of the pulse-rate, there are no particular disturbances to be observed; of course, now and then complaints are heard of greater weakness, nausea, vertigo, even syncope and general pallor of the skin. Skoda,[1] in reporting a case convalescing after an attack of pneumonia, having but 16 pulse beats per minute, makes no mention whatever of any general or particular disturbances.

"Finally, what is curative in this lowering of the pulse-rate during convalescence? General opinions are here advanced. Rosenthal is inclined to consider that bradycardia is conditioned by anæmia. We may suppose, further, that the nerve ganglia of the heart have been damaged by deleterious substances circulating in the blood, especially in acute infectious diseases. We may also assume the cause to lie in the consecutive weakening of the heart-muscle itself after its continuous over-exertion during the continuance of the fever-stage. Whichever of these assumptions in each case may be the correct one cannot for the present be decided. Still, it is at least probable that, according to the nature and course of the disease, there are also various causes answering thereto to be investigated; and that then, possibly, all the aforesaid points, in their place, are also to be taken into consideration."

MICROBISM AND ABSCESS.

In *La France Médicale*, VERNEUIL gives the following:

(1) Pus is not exclusively characterized from the anatomical point of view by the globules; for there are also elements of special shape which can be reproduced at will and multiplied *in vitro* as in the living tissues of animals, and which appertain to the microbian kingdom.

(2) These microbes are, if not constant, at least so frequent that they seem inseparable from pyogenesis, and constitute the unique and true cause, when introduced into the organism, of suppuration and abscess.

(3) Pus is mono-microbic, or poly-microbic, as it contains one or more different species of microbe. In the first case there can be no doubt as to the pyogenic property of the microbe present; but in the latter it is not easy to tell which one is the cause of the suppuration,

(4) In solving this problem it is well to divide the microbes observed into two categories; those so generally found in suppuration that they may be considered normal and necessary, such as micrococci and diplococci diversely grouped and colored; streptococci, zoogloea, staphylococci, orange, lemon, white, etc. In the second, micrococci, bacteria, vibrios, bacilli, etc., exist in pus accidentally and irregularly.

He divides abscesses into simple and infected, as they are due to the pyogenic microbes, or to these and the accidental or pyocolic microbes together.

ANAL FISTULA.

VERCHERE, in *La France Méd.*, speaks of antisepsis as having determined the return to the incision for the cure of anal fistula, and describes his method of procedure:

For three day preceding the operation he gives each morning a mild purgative, two glasses of a purgative water; then, morning and evening a lavage of saturated solution of boric acid. After each stool the same lavage should be made. In the intervals the patient keeps a pledget of iodoform gauze in the anus and a compress soaked in sublimate solution, 1 to 1000.

On the morning of the operation, he takes a bath.

The fistula is cut through upon a grooved director, and the fistulous tract dissected out. To render this more easy, he first dilates the anus with the dilating speculum of Trélat, and keeps it wide open with Richelot's apparatus. When there are a number of sinuses, they are all dissected out, or, if this be impracticable, they are conscientiously curetted with the cutting curette.

To prevent a fecal inundation, a large tampon of iodoform gauze is first inserted. For the sutures he prefers

[1] V. Ziemssen's Handb. f. spec. Path. u. Ther., Bd. V, 1879.

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Florence horse-hair, as catgut is absorbed too quickly to afford time for firm union.

The sutures are made upon the mucous surface and the skin separately; the horse-hair being altogether in the tissues and not crossing the surface of the wound. After the suturing is complete lavage is made with sublimate solution; the rectal tampon removed, and replaced by one of iodoform gauze through which is passed a flexible catheter.

Then a mesh of iodoform is introduced, covered with boric pomade, and all covered with gauze or absorbent cotton, soaked in sublimate. A T bandage retains the dressing. The patient is laid on the bed, the knees lightly flexed and approximated. He is fed on raw or rare beef, with little food or drink. A little opium is given to keep the bowels closed.

The following pills were recommend ed by Longo for intestinal disinfection:

Iodoform.....2 grammes
Ext. wormwood.....q. s.
Coumarine.....0.50 grammes.
Divide into thirty pills.
Four to be taken daily.

The first stools should be facilitated by Pullna or Rubinat water, and lavements, with a spoonful of olive oil, glycerine or centesimal solution of chloral added. If the first stool happen before the wound has healed, a lavage with sublimate is necessary, and the dressings must be renewed.

NEPHRORRHAPHY.

Guermonprez formulates these conclusions:

1. Nephrectomy is no longer the only resource in painful floating kidney.

2. Nephrorrhaphy, practiced by the German method, is insufficient.

3. The latter operation, by the French method (simultaneous suture of the kidney and capsule, employing silk or horsehair) may be followed by complete cure: when the pains are exclusively attributable to renal ectopia.

—*Revue de Thér.*

There are some difficulties in the way of the theory which attributes tetanus to the horse. In two cases reported by Richelot he failed to associate the horse with the malady. Some naval surgeons have also observed cases under conditions where contact with horses is obviously impossible, unless the malefic influence of the animals is transmitted in an unknown manner and with a tenacity of life which is uncommon.—*La France Méd.*

BENARD concludes that putrefaction is the only certain sign of death.

MATHIS reports a microbic diarrhœa to exist among puppies, analogous to the green diarrhœa of children studied by Hayem.

THE SURGICAL TREATMENT OF LARYNGEAL PHTHISIS.—Hering (*La France Méd.*) says that applications of lactic acid after cocaine give marvellous results; but they must be made energetically, with a pencil of wadding applied to all ulcerated points. It is necessary to distinguish between cicatrices and ulcers. In some cases the cicatrix breaks down, or it develops in the neighborhood of new ulcers. The author then decides upon total ablation of the diseased tissue by curetting. As radical an extirpation of the diseased tissue as is possible is then made. By these means, patiently applied, M. Hering is enabled to present an abundant harvest of cures.

PETRESCO places *bryonia alba* at the head of the hemostatics. He gives 25 to 30 grammes of the root internally, in infusion, for metrorrhagia, or in the form of an extract, in the dose of one and a half to three grammes.

—*Revue de Thér.*

SOLLES states, as the result of a series of experiments, that the inoculation of guinea pigs with sputa is a valuable means of diagnosis, available before the gross pulmonary lesions are manifest. The animal reacts to human tuberculosis very rapidly and surely.

—*Revue de Thér.*

THE BRITISH HOSPITAL AT PARIS.—The New York Herald recently published an attack upon the Hertford British Hospital at Paris, by Dr. Prendergast, formerly resident at that hospital.

To these charges Lutaud makes a reply in the *Journ. de Méd. de Paris*, denying them in every particular, defending Dr. Herbert, who has been

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for twenty years physician to the Hospital Wallace, of which he originated the plan; who is also Doctor of Medicine of Paris, and formerly interne of their hospitals.

Dr. Prendergast, on the other hand, though rejoicing in the titles of M. D., M. S., M. R. U. D., M. R. C. P. L., etc., had been unable to pass the examinations of the Paris faculty, and may be considered as having made his accusation out of pique.—*La France Méd.*

AURAL FURUNCLE.—For furuncles in the external auditory meatus, LŒWENBERG employs a saturated solution of boric acid in alcohol, if the boil have not opened; if it have, a *super saturated* solution. One part of boric acid in impalpable powder is dissolved in five parts of absolute alcohol; shaken well, and applied locally.—*Revue de Thér.*

OINTMENT FOR ANTISEPTIC DRESSING.

℞ Iodoformi..... 2.5 grams.
Ess. eucalypti.....20.0 "
Paraffini.....50.0 "
Vaselini.....50.0. "
M.

—GALLOIS, *Revue de Thér.*

AN AGREEABLE ANTISEPTIC.

℞ Ess. rosmarin.....100 grams.
" lavandulæ..... 25 "
" thymi..... 25 "
Acidi nitrici.....200 " M.

Shake the bottle before using, then moisten a sponge with the mixture, and suspend it in the room.

The vapors mask odors and destroy miasms. —ERNST.

FOR PROFUSE SWEATING.

℞ Aquæ destillat.....150 grams.
Aceti " ..... 60 "
Aquæ laurocerasi..... 8 "
Syrupi ..... 24 " M.
S. A dessertspoonful every hour.

Bathe the body with water as hot as can be borne. —NELIGAN.

FOR BRONCHITIS.

℞ Terpin.....5 grams.
Glycerin.
Alcohol, 95 per cent.
Syrupi mellis.....āā..70 grams.
Vanillin..... 0.02. M.
S. Two spoonfuls daily, to diminish expectoration.

—CHERON.

FOR INSOMNIA OF HEART DISEASE.—

℞ Amylen hydrat..... 7 grams.
Morphin. hydrochlorat..... 0.015 "
Aquæ dest.....60. "
Ext. glycyrrhiz.....20. "
M.

This may be given by the mouth or by the rectum; in the latter case substituting mucilage of acacia for the licorice.—FISCHER.

YELLOW FEVER.—PAUL GIBIER recommends the following treatment:

℞ Hydrarg. bichloridi....gr. ¾ to 1 1-5
Cognac.....f℥j–f℥vss
Syr. acaciæ.....f℥j–f℥vss
Infus. caffeæ .....f℥v
M. S.—To be taken in small doses within twenty-four hours.

℞ Naphthalin..... gr. vijss
S. To be taken in cachet five to ten times daily, at equal intervals.

℞ Acid. tannic.....gr. vijss
Take in cachet, six to ten times in twenty-four hours.

The thirst is to be combated by hydrochloric acid lemonade, one or two per cent.—*Revue de Thér.*

FOR BROMIDROSIS.

℞ Talc.....gr. xl.
Bismuth subnit.....gr. xlv.
Potassæ permanganat.....gr. xiij.
Sodæ salicylat.....gr. ij.
M. S.—This powder should be finely levigated. For the feet.

℞ Rice powder.....gr. 60.
Subnitrate of bismuth....gr. 15.
Permanganate of Potassa.gr. 10.
Talc powder..... gr. 5.
Powder as above. This is for the body.

BARDET, in *Revue de Thér.*

HOSPITAL NOTES.

BRADYCARDIA.

REPORT OF A CASE OCCURRING AT THE MEDICO-CHIRURGICAL HOSPITAL, IN THE SERVICE OF

A. S. GERHARD, M. D.,

BY MANLEY F. GATES, M. D.,
Resident Physician.

HUGH CURRY, age 14 years, was admitted September 10, 1888, having suffered from general malaise for a period of two weeks. One week before admission, following a bath in the river, he had a severe chill, and had grown much worse since. On his admission he had malaise, loss of appetite and vertigo. His bowels were regular and his temperature 103.2°. No spots were to be seen on his chest or abdomen when he was admitted; but the characteristic rose spots of typhoid fever appeared two days after his admission.

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The disease ran the usual course, with an irregular but gradually falling temperature, up to September 19, nine days after his admission, when it fell below normal.

On the 23d, the morning temperature was 97.6°. About 6 P.M. he commenced to perspire freely, and at 8 P.M. his temperature was 95.6°, and his pulse only 38 to the minute. He was in a state of stupor, from which he was with difficulty aroused. By the use of hot whiskey, repeated every half hour, his pulse slowly rose, and reached 60 at 8 A.M. of the 24th. Whiskey was continued, and in the evening his pulse was 80.

On the 25th, it again went down to 55; but came up under the use of carbonate of ammonia and whiskey.

Since the 25th there has been a steady improvement in appetite, temperature and general condition.

During the attacks of slowing of the heart, called "Bradycardia" by Grob, of Zurich, Switzerland, it was also extremely irregular, and greatly increased by very slight exertion. The attack was not preceded or followed by any discharge of blood or by excessive diarrhœa.

SALOL IN INTESTINAL DISEASES.

THE following is a rather meagre and imperfect report of a number of cases of diarrhœa treated by salol, and salol in combination with the subnitrate of bismuth. It was particularly in those cases with marked disturbance of the stomach that the bismuth was added.

A dozen or more cases in addition to the following were put upon salol, but did not return to report result of treatment; perhaps their failure to return was due to being cured.

It was found that the use of the remedy every three hours gave much better results than when given only three times a day.

1. William H., age 32, July 24. Patient complains of pain and diarrhœa since 4th of July, evacuations watery; ordered

℞ Bismuthi subnitrat.....ʒ ij
Salol.....gr. xl
M. et in chart. no. x div. Sig.—One powder every three hours.

July 27. Patient reports relieved.

2. John F., age 26, July 26. Acute diarrhœa, stools watery and very frequent, little pain, patient feels very weak, ordered salol, gr. iv, ter in die.

July 27. Reports improvement, passages, however, still frequent and loose; ordered

℞ Bismuthi subnitrat.....gr x
Salol.....gr iv
Sig.—Every three hours.

July 28. Patient reports diarrhœa ceased.

3. David S., age 1½ years. July 28. Pain, diarrhœa and vomiting of one day's duration; diet corrected; ordered subnitrate of bismuth, 4 grs. with salol, 1¼ grs. every three hours.

July 30. Patient entirely well.

4. Mary B., age 11. July 31. Patient complains of diarrhœa and vomiting for past week; evacuations watery, with much pain.

℞ Salol.....gr. xxiv
M. et in chart no. vi div. Sig.—One powder every three hours.

Aug. 1. Reports improvement; ordered 10 gr. doses of bismuth to be added to the salol.

Aug. 2. Reports entirely well.

5. Lizzie M., age 26. Aug. 10. Patient complains of acute attack of diarrhœa and vomiting, pain in abdomen and sleeplessness; ordered

℞ Bismuthi subnitrat.....ʒ ij
Salol.....gr. xxiv
M. et in chart. no. xij div. Sig.—One powder every three hours.

Aug. 28. Patient reports diarrhœa, vomiting, etc., were entirely relieved by the powders.

6. J. R. W., age 57. Aug. 8. History of attacks of dysentery at irregular intervals during the past 10 years. Attacks occur sometimes in winter, sometimes in summer. The present attack has lasted six weeks, and has resisted all treatment. Patient is an old army man, and says he had the dysentery in the army. At present the motions are perfectly fluid, 3 to 12 in 24 hours, but not much pain; ordered:

℞ Bismuthi subnitrat.....ʒ ij
Salol.....gr. xlviij
M. et in chart. no. xij div. Sig.—One powder every three hours.

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Aug. 10. Reports having had only one slight passage since yesterday noon. Feels better and has appetite.

7. John S., 22. Aug. 10. Complains of weakness, with vomiting of greenish colored fluid and diarrhœa, during past few days; ordered:

℞ Bismuthi subnitrat.....gr. x
Salol.....gr. iij
Sig.—Every three hours.

Aug. 12. Patient entirely relieved.

8. James M., age 33. Aug. 10. Patient complains of diarrhœa, loss of appetite, passages watery and attended with pain; ordered:

℞ Salol.....gr. xl
Div. in chart. no. x. Sig.—One every three hours.

Aug. 14. Patient reports diarrhœa, etc., stopped after three powders.

9. George W. Fox, age 30. Aug 15. Diarrhœa for three days. Stools very frequent and watery; ordered salol, gr. v, every three hours.

Aug. 17. Reports improvement; passages, however, still frequent; added bismuth subnitrat, gr. x, every three hours.

Aug. 21. Reports well.

10. Katie D. Aug. 4. Diarrhœa and vomiting for past few days. Patient has slight fever.

℞ Salol.....gr. xxiv
Bismuthi subnitrat.....ʒ j
M. et in chart. no. xij div. Sig.—One powder every three hours.

Aug. 6. Reports cured.

11. Eugene S., age 10 mos. Sept. 19. Diarrhœa for 4 days, motions very frequent, loose and of a foul smelling character; ordered:

℞ Salol.....gr. xij
Div. in chart. no. xij. Sig.—One powder every three hours.

Sept. 20. Mother reports diarrhœa stopped after one powder.

E. L. Vansant,
Demonstrator of Pathological Histology and Chief of Med. Clinic, Med.-Chirurgical College.

MEDICO-CHIRURGICAL COLLEGE.

Ringworm is not an innocent affection as is generally supposed, but may result in permanent disfigurement. For instance, the continued irritation of the hair papillæ caused by the ringworm parasite, trichophyton capitis, may result in an inflammation that will completely destroy the papillæ, thus rendering the patient permanently bald. Or, if the papillæ be not destroyed, their function may be so altered that the color of the hair will be changed to white, leaving the patient a head rendered unpleasantly conspicuous by various white patches. This disease is most frequently found in children of a scrofulous or tuberculous diathesis, the parasite seeming to find in them a congenial soil. Ringworm is, of course, contagious, and an affected child should at once be isolated. Apply parasiticides. In this case we shall make use of boric acid and sweet oil.

—*Shoemaker.*

Old Specific Ulcer.—For a man having an old indolent specific ulcer on the leg, accompanied with periosteal inflammation of the tibia, Shoemaker prescribed this treatment:

℞ Ferri iodidi.....gr. xlv.
Acidi arseniosi....gr. j.
M.—Ft. pil. xx. One t. d.

He said that in these old cases regular specific treatment is generally ill-borne by the patient's stomach; but that the iron and the arsenic have, as a rule, a happy effect.

Scrofula.—When not to give iron.—Beware of giving iron in the epistaxis of scrofulous children; you are only adding fuel to the fire. Strengthen the vessel walls with lime, say the lactophosphate, or even with powdered bone. If you allow these hemorrhages to go on till the patient is eighteen or twenty-one, they are transferred to the lungs; and nothing so predisposes to tuberculosis, for the inflammation caused by the blood offers the most inviting points possible for the entrance of the bacillus tuberculosis. Let the parasite once get a seat in a pair of lungs like this, and the end is not far.

—*Waugh.*

Puffy Lip in Scrofulous Children.—If when you have a case of phlyctenular conjunctivitis in a child you notice a puffy upper lip, you may know both that the child is scrofulous, and that the conjunctivitis will not yield to treatment until the puffiness has gone.

—*Keyser.*

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SPECIAL SUPPLEMENT.

SIR MORELL MACKENZIE'S ANSWER TO THE GERMAN SURGEONS.

The New York *Herald's* European edition of October 13 contains an epitome of Mackenzie's book, from which we make the following abstract.

The title of the work is:

THE FATAL ILLNESS
OF
FREDERICK THE NOBLE,
BY
SIR MORELL MACKENZIE.
Mark, now, how plain a tale shall put you down.—Henry IV., Part 1, Act II., Scene 4.

In the preface the author speaks of the difficulties under which he labored, from the refusal of the Russian government to give him access to the official documents which were placed at the disposal of his adversaries.

In describing his first visit to the Crown Prince, he says:

I found the following physicians and surgeons assembled: Professors Gerhardt, Von Bergmann and Tobold, Dr. Von Lauer, physician-in-ordinary to the aged Emperor, Dr. Wegner, and Dr. Schrader.

With Professor Gerhardt I was already personally acquainted and he was known to me professionally as a physician who, in the midst of his labors in other departments of medical science had found time to give some attention to diseases of the throat.

Von Bergmann I knew had been called from St. Petersburg to take the chair of surgery at Berlin after it had been declined by Billroth and Volkmann. I had never, however, seen him mentioned in laryngological literature, save as a somewhat unfortunate operator in a few cases of extirpation of the larynx. Tobold was one of the earliest throat physicians in Germany, but had dropped almost entirely out of notice.

I felt some surprise that among those with whom I was invited to take counsel in a case of such importance, there was not at least one of the leading German specialists in throat diseases.

Their absence here seemed to me so significant that I rather hastily concluded that the august patient must be suffering from some obscure disease of which the laryngeal affection was only an accidental complication. Wegner and Gerhardt gave me a history of the case and I then examined the Crown Prince.

Dr. Mackenzie then continues:

When I had made my examination we withdrew to discuss the matter. Gerhardt and Tobold gave a positive opinion that the disease was cancerous, and Prof. Von Bergmann substantially agreed with them. All were unanimous in thinking a cutting operation from the outside necessary for the removal of the growth. The precise nature of the surgical procedure that would be required was never, however, discussed in my presence.

I said there was nothing characteristic in the appearance of the growth, and that it was quite impossible to give a definite opinion as to its nature without a more searching examination. I pointed out that the opinion expressed by my colleagues had been come to on insufficient grounds, and that they had omitted the most essential and most obvious means of diagnosis, to pick out a piece of the growth and have it examined microscopically by an expert. Gerhardt said it would be difficult, if not impossible, to do this, and Tobold expressed a similar opinion. While freely admitting that the operation in this case presented exceptional difficulties, I thought it could be done, and should be attempted. I then turned to Gerhardt and said to him: "Will you try?", He replied: "I cannot operate with the forceps."

I next asked Tobold, but he also declined, saying, "I no longer operate." These replies increased the surprise which I already felt at a case of such a nature having been intrusted to the hands of these gentlemen; for a throat specialist who cannot use the laryngoscope is like a carpenter who cannot handle a saw.

Mackenzie pinched off a fragment of the growth, and his success was welcomed by his colleagues as follows:

I saw a look of amazement, quickly followed by one of annoyance and disappointment, come

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over the faces of Gerhardt and Tobold. Wegner, on the other hand, seemed delighted and warmly congratulated me.

After the operation Gerhardt made a laryngoscopic examination and said he could see that the fragment which I had removed had been taken from the posterior and under part of the growth.

When I had laid aside the forceps, Gerhardt asked to be allowed to examine the larynx.

He had scarcely put the mirror in position when he withdrew it with a highly artistic expression of horror and alarm. He asked me to look, which I did, without seeing anything more than the congestion of which I have spoken, and which was, perhaps, rather more marked on the right vocal cord. Gerhardt then asked Wegner to look, but that gentleman did not see anything in particular.

We then retired to my room, when Gerhardt said that I had injured the right vocal cord. I assured him that he was mistaken and showed him that with my forceps it would be difficult, if not impossible, to wound a healthy cord even if one tried to do so, because my instrument does not act unless there is a projection to come between the blades.

It is quite untrue that I took the case out of the hands of the German doctors. They distinctly sanctioned the course of treatment which I had laid before them, and if I may so express it, I received a mandate in form to carry it out. Had the case turned out well these gentlemen would have been ready to claim their share of the triumph on the ground that they had entrusted me with the operation. If Bergmann and Gerhardt were convinced at that period that the disease was cancer, and at the same time had no confidence in me, either as an observer or an operator, the only honorable course toward the patient for these practitioners to have pursued was to have openly withdrawn from me, and to have issued a separate report.

Mackenzie thus criticizes Gerhardt's use of the cautery:

When I was informed that he had applied the red-hot point to the interior of the larynx every day for a fortnight I could hardly bring myself to believe it.

In all my experience I had never heard of anyone applying the cautery to a patient's larynx more than once, or, at most, twice a week, and I hardly know what to be more astonished at in the present instance—the energy of the physician or the endurance of the patient. Lest any of my readers should suppose that I have been misinformed, or, at any rate, that the statement just made is exaggerated, I may say that it is now confirmed by Gerhardt himself in his recent deliverance.

Now, no special knowledge is required to understand that a delicate organ like the larynx cannot be brutalized in this manner with impunity. The fact that the Crown Prince had been subjected to such barbarous usage at once explained the proneness of parts to become congested without any apparent cause, which had previously rather puzzled me. Every one knows that local inflammation follows an accidental burn. For this reason, a sufficient interval should always be allowed to elapse between the applications of the galvano-cautery.

No point in pathology is better established than the connection between local irritation, and the development of cancer. Whether this terrible disease be constitutional or not in its origin, there can be no question that the determining cause of its appearance is in very many cases an injury—such as a blow or a condition resulting from an injury, such as a scar, or to the persistent application to a particular spot of something that keeps the tissue inflamed and angry, such as a jagged tooth which chafes the tongue.

Among the causes of local irritation heat is certainly one of the most active. By far the most common seat of the malignant disease in men is the mouth, which is more exposed than any other part of the body to irritation by hot substances. Every surgeon is familiar with this fact. Whether it be a lower lip on which the hot stem of a clay pipe, or the smouldering of a cigarette has rested day after day or a tongue exasperated by the frequent contact of tobacco smoke, or the mouth-piece of a foul pipe, or made raw by ardent liquors, or stung and blistered by fiery condiments, the cause is essentially the same—the searing of the superficial covering by prolonged heat. In some places where hot braziers are often applied to the abdomen and thigh, cancer of these parts is not uncommon, though unknown elsewhere.

If the growth was benign in the first instance there is, in my opinion, only too much reason to think that Gerhardt's burnings must be held answerable for its subsequent transformation to cancer. If it was malignant from the first, the disease was undoubtedly aggravated by the treatment.

The right way to use the cautery was illustrated by Mackenzie at the second operation. He says:

Every provision against accident having been made, I applied the cautery, using the utmost gentleness, and merely touching the side of the growth with the point. The Crown Prince felt hardly any inconvenience from the application, which was not followed by any appreciable reaction.

The next day a small, flat eschar was visible, but Dr. Wolfenden informed me that there was no appearance of inflammation around it.

Before the Prince left England, Mackenzie laid before the Princess the following possibilities:

FIRST. The tumor, having been destroyed, might not grow again, the affection being thus practically cured.

SECOND. The tumor might sprout up again and require to be removed or destroyed, perhaps more than once.

THIRD. A condition known as multiple papilloma might result, which was dangerous if not properly treated, but not necessarily fatal.

FOURTH. The disease might be cancerous already, or cancer might develop later on.

Dr. Hovell once observed to the Crown Prince: "I can see that Dr. Bramann is not accustomed to use the laryngoscope."

"Yes," said his Imperial Highness, "You can see it and I can feel it."

On the morning of November 6th, the mucous

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membrane over the left arytenoid cartilage was moderately œdematous and of a bright pink color. The new growth was bright red, prominent in the centre and ulcerated. It was unlike the one I destroyed and other swellings which had shown themselves in the larynx. It had, in fact, a distinctly malignant look.

I informed his Imperial Highness that an unfavorable change had taken place. He said:

"Is it cancer?" to which I replied: "I am sorry to say, sir, that it looks very much like it, but it is impossible to be certain."

The Crown Prince received the communication with perfect calmness. After a moment of silence he grasped my hand and said, with that smile of peculiar sweetness, which so well expressed the mingled gentleness and strength of his character: "I have lately been fearing something of this sort. I thank you, Sir Morell, for being so frank with me."

In my long experience I have never seen a man bear himself, under similar circumstances, with such unaffected heroism.

On November 9, a meeting took place at my room, Von Schrœtter, Shrader, Krause, Hovell and myself being present. I gave an account of the case.

Hovell then related the progress of the case up to the date of our meeting.

I concluded by saying: "This growth looks like a cancer." Von Schroetter thereupon said he had no hesitation in pronouncing the disease to be cancer.

Krause and Schmidt, however, still doubted and desired that iodides be given in large doses to eliminate a possible source of error.

Dr. Mackenzie describes the operation for tracheotomy during which the failure of the patient's pulse compelled a suspension for some moments. He speaks favorably of Bramann's method, but condemns his tube, which was not fitted properly, and by its pressure on the posterior wall of the larynx gave rise to tracheitis. Here is what follows:

February 15. The Crown Prince had a bad night, coughing almost incessantly. The discharge was more copious and contained blood, matter and mucus with here and there some black shreds of tissue, undergoing decomposition. I am prevented from giving relief.

Though my colleagues thought the discharge from the trachea moderate it was more abundant than I liked to see, and it was much streaked with blood. I was convinced that the lower end of the canula was pressing on the back wall of the windpipe and giving rise to tracheitis, and I asked to be allowed to introduce a short rectangular tube. I pointed out that when the tracheotomy wound healed it would be difficult to use my tube, as, owing to the very long curve of the Lynnean tube, mine would probably not adapt itself to the track made by that instrument, and in this way if the insertion of the rectangular tube was delayed too long it would itself cause similar irritation in a different part of the windpipe. Von Bergmann would not agree to my proposition.

My tube was tried too late.

When on the 20th he was allowed to introduce his tube, what he had predicted took place.

He considers April 12 the turning point of the case, and thus describes it:

On the night of April 11-12 the Emperor was seized with severe coughing between midnight and 1 a.m.. At 1.30 Mr. Hovell noticed that although air passed freely through the canula, the breathing was accompanied by a noise as if there were something projecting below the lower end of the tube. On removing the canula the noise ceased, a circumstance which caused Mr. Hovell to think, and this view was afterward confirmed, that the lower edge of the posterior part of the canula must slightly press into the posterior wall of the trachea, owing to its bulging forward at that part.

This view was supported by the fact that the external part of the canula was pushed forward. Mr. Hovell slanted the tube more away from the right side and inserted a pad under the lower edge of the shield so as to tilt the lower and back edge of the canula away from the posterior wall. The noise was somewhat less after this was done, but did not entirely cease. The Emperor also breathed a good deal more quickly than usual.

At fifteen minutes after 2 A. M. Mr. Hovell was again called, but found no change. At forty minutes past 2 he returned to the illustrious patient, not having gone to bed in the meantime, and found him in precisely the same condition. Mr. Hovell was summoned several times afterward during the night and on more than one occasion he slightly altered the position of the tube by placing pads under the shields. At 8 A. M., I saw the Emperor and as the breathing —though quick and slightly noisy—was quite free, I determined to leave the canula in situ till Drs. Krause and Wegner arrived. At the consultation it was agreed to try the effect of a shorter tube. I therefore removed the short tube and replaced the former one, as in anticipation of some trouble of the kind.

There was really no need of the assistance of a surgeon, but I dispatched a messenger to Von Bergmann to come to me as soon as possible, meaning, of course, that I was anxious to proceed to change the tube without delay. In sending off the message little did I think that it would have such fatal consequences. It is no exaggeration to say that these hastily scribbled lines proved the death warrant of the Emperor. Had I the slightest idea of what was to follow I should certainly not have allowed any overpunctilious notions of etiquette to mislead me into taking so disastrous a step.

It was five o'clock in the evening before Professor Von Bergmann arrived. As soon as he came into my room I noticed that he was in a state of great excitement. Whether this agitation was due to exaggerated reports which he may have received as to the Emperor's condition or to causes of a more personal nature I am unable to say; but from over-excitement or from some other cause Bergmann behaved in a most extraordinary, indeed, altogether unaccountable manner.

I briefly explained the circumstances, and showed him the tubes which I had got ready. Bergmann seemed in too great a hurry to listen attentively. We then proceeded to the Empe-

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ror's room, accompanied by Mr. Hovell, each of us carrying several tubes.

We found the Emperor engaged in writing. The inspiration was distinctly audible; but beyond this there was not the slightest indication of any difficulty in breathing. Von Bergmann placed a chair opposite the window, and asked the Emperor to sit down upon it; and thereupon, without making any remark, he quickly undid the tape which kept the canula in position, pulled the latter out, and with considerable force endeavored to insert one which he held in his hand, which was not provided with a pilon. The instrument was forced into the neck, but no air came through it.

The Emperor's breathing thereupon became very much embarrassed, and the Professor withdrew the tube. This was followed by a fit of coughing, and there was considerable hemorrhage. Von Bergmann next seized a tampon canula covered with sponge, cut the sponge quickly off, and tried to push the tube into the windpipe. Again no air came through the canula; and it was clear that, instead of entering the air passage, it had been forced downward in front of the trachea, ploughing the soft tissues in that situation, and making what is technically known as a false passage.

Again the Professor had to pull out tube and again its withdrawal was followed by violent coughing and streams of blood. To my consternation Von Bergmann then pushed his finger deeply into the wound and on withdrawing tried to insert another tube, however, and again the attempt was followed, as before, by most distressing coughing and copious bleeding. Von Bergmann then asked that his assistant, who was waiting in his carriage outside, might be sent for.

Half an hour after the professor's departure the Emperor sent for me and asked:

"Why did Bergmann put his finger into my throat?"

"His Majesty then went on to say:

"I hope you will not allow Von Bergmann to do any further operations on me,"

I answered: "After what I have seen to-day, sir, I beg most respectfully to say that I can no longer have the honor of continuing in attendance on your Imperial Majesty if Professor von Bergmann is to be permitted to touch your throat again." Bergmann's roughness was never forgotten by the Emperor. He often referred afterward to it, and unimpeachable testimony remains as to the opposition of His Majesty on this subject in his own handwriting three days before his lamented death.

The next day my worst fears were confirmed. The temperature remained at about the same level, 102 to 103 F., and pus began to be discharged in abundance from the lower part of the wound. On pressing over the front of the neck and carrying the hand upward, matter could be seen to well out more profusely. This proved that an abscess had already formed in front of the trachea, where the canula had been pushed in by Bergmann.

The fatal complication, be it remembered, was in no way the natural result of the disease. It was attributable solely to the injury done by Bergmann's random stabbing with an unguarded tube.

In conclusion, he describes the efforts of Bismarck to have him submit his official report without taking time for consideration; which Mackenzie looks upon as a deliberate attempt to entrap him.

[It is too soon to express any definite opinion upon this controversy, especially as the accounts at hand are from the daily press. When the official reports from both sides come to us, we will be prepared to discuss the matter intelligently. Meanwhile the publication has aroused a storm on the other side of the Atlantic to which the late unpleasantness concerning the Ninth International Medical Congress was but a summer zephyr. W. F. WAUGH.]

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PAINS FROM DEFECTIVE REFRACTION.—Closely applying an eye whose refraction is defective will generally result in pain, but that pain is not necessarily in the eye; in fact, it most frequently is elsewhere: in some part of the head, in the arm, back, in a finger or a toe. Correct the refraction, and you can often cure these otherwise incurable pains.

—*Keyser.*

WEAK SOLUTIONS IN CONJUNCTIVITIS.—In ordinary conjunctivitis use weak solutions, such as gr. ss acetate of zinc to the ounce, or gr. x boric acid, or other preparations of equal mildness. In the worst case of gonorrhœal ophthalmia I use a solution of arg. nit. of not over gr. j to ℥.

If there is no particular discharge use cold applications; otherwise hot.

—*Keyser.*

Never use cold applications for any affection of the cornea,—necrosis will probably result.—*Keyser.*

INCONTINENCE OF URINE.—"How brutally," remarked Atkinson, "have children been treated, and are still treated, for incontinence of urine, something for which they are utterly irresponsible." The doctor can do much to prevent this outrage. Sometimes the trouble can be stopped by keeping the child from lying on its back—putting a pad there. In these cases irritation of the sphincter vesicæ with consequent relaxation results when the child turns from its side. This often fails. The case before the clinic was improving on

℞ Extract. ergot. fluidi.....f ℥ vj
Tincturæ nucis vomicæ....f ℥ ij
Syrupi simplicis,
Aquæ.....āā....q. s. ad ℥ iij M.
Sig.—Teaspoonful three times a day.

If this is not effective, increase the dose till you get the physiological action of the drugs before trying something else; for he believes that, as a rule, you must push a remedy thus far to obtain the benefit of its peculiar properties.

DIARRHŒA: OFFENSIVE STOOLS.—In the offensive stools of children you will find that a drop of liquor sodæ chlorinatæ to the dose is a good corrective of the fetor.

For a child of seven with looseness of the bowels, evidently associated with inflammatory action, he prescribed:

℞ Tincturæ opii camphoratæ..f ℥ vj
Liquoris sodæ chlorinatæ...gtt. xxiv
Bismuthi subnitratis.....℥ ij
Syrupi zingiberis,
Aquæ .....āā q. s. ad ℥ iij
M. Sig.—Teaspoonful every three hours till the passages are lessened; then a dose after each passage.—*Atkinson.*

TOBACCO ON THE EYES.—The eyes of some are especially susceptible to tobacco. Those who feel the slightest nausea or giddiness after using tobacco should let it alone.

There is a woman in this city who smoked only one cigar a day for three years, but who at the end of that time was afflicted with tobacco amaurosis of both eyes; nor has she ever regained her sight.—*Keyser.*

DANGER IN LARGE DOSES OF QUININE.—Quinine sometimes affects the eyes dangerously. He relates the case of a man who came to him from Ohio, several years ago, totally blind. This man had, in the attempt to doctor himself for an attack of malaria, taken two doses of quinine, an hour apart, each consisting of a heaping tablespoonful of the drug. Blindness followed in a few hours; and treatment proved of no avail; the man's sight is still wanting.

—*Keyser.*

GELSEMIUM FOR OVARIAN PAIN.—For a girl of 22, subject to intense pain in the ovaries at the menstrual period, followed by an epileptic attack, this condition having existed for eight years, WAUGH gave fluid extract gelsemium, gtt. x, twice daily for three or four days before the menstrual period. He says that gelsemium controls pain in the ovaries in such cases better than anything else he has tried except narcotics.

SALICYLATE OF SODA IN NEURALGIA.—To stop the pain of a neuralgia not due to anæmia, try this:

℞ Sodii salicylatis.....℥ j
Div. in chartas No. iij. Sig.—One every two hours.

Waugh says that this is far better than narcotics, as there are no bad after-effects.

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VIOLENT VOMITING.—WOODBURY says that a Seidlitz powder divided in four parts, one every fifteen minutes, has better results in violent vomiting than anything he knows of.

SUSPECTED HEART-MURMUR.—Where a heart-murmur is suspected but not heard, it is a good plan to have the patient walk up and down a pair of stairs; this will usually bring out a latent murmur.—*Woodbury.*

WASH YOUR THERMOMETER.—Little things count. It is well always to wash your thermometer both before and after using it on a patient.—*Woodbury.*

PENNSYLVANIA HOSPITAL.

UNSUSPECTED ANEURISM OF THE AORTA.—In the *Times* of Oct. 1, an account was given of an aortic aneurism that was not discovered till the autopsy. Lately, at the Pennsylvania Hospital a similar case occurred. A middle-aged working woman had, after an attack of bronchitis a year ago, been incapacitated for any regular work. During this time she had gone from hospital to hospital and from dispensary to dispensary, and had been treated for this, that and the other. Four days before her death she was admitted to the Pennsylvania Hospital, at this time suffering great dyspnœa. She was supposed to be laboring under either phthisis or catarrhal pneumonia. After death, however, Dr. Meigs found in addition to a pneumonic process the real cause—a huge aortic aneurism.

MEDIASTINAL TUMOR.—At the same clinic Dr. Meigs exhibited the viscera of an Italian laborer, forty days over from Italy. He had been admitted four days before likewise suffering great dyspnœa. In addition to this he had diplopia with marked divergent strabismus of the right eye. The diagnosis here was also shrouded in doubt, till at the autopsy there was found in the anterior mediastinum a sarcoma fully six by three inches. Nodules of sarcoma were also found in the heart, lungs, pericardium, diaphragm and kidneys. The right oculo-motor nerve was enlarged, spindle-shaped, and, though it had not been examined microscopically, he thought there was no doubt that it was also infiltrated with the neoplastic growth.

PHILADELPHIA HOSPITAL.

PHAGEDENIC CHANCROID. — Deaver showed a case of phagedenic chancroid of the labia and the posterior wall of the vagina. He treated with injections of a solution of listerine and dustings with iodoform.

ORTHOPÆDIC HOSPITAL.

TENOTOMY FOR CLUB-FOOT.—On the 27th ult. Dr. Morton operated upon two cases of club-foot requiring section of tendons. His method of operating in these cases is to first carefully antisepticize the leg and foot; then, having the patient etherized, he takes a sharp-pointed tenotome and makes a short incision over the tendon, parallel with its long axis; a probe-pointed tenotome is then introduced and the tendon divided by turning the edge of the knife backwards and slightly sawing until the tendon is severed. The little wound is then occluded by a fine chromicized catgut ligature; no plaster is applied. The foot is enveloped with a compress moistened with bichloride solution, over which borated cotton is placed, and a posterior moulded splint of felt or tin fitted, and kept in place by a bandage. At the end of a week the dressings are removed and a brace applied; Kolbe's modification of Scarpa's shoe being generally used.

RHEUMATIC ANKYLOSIS REQUIRING RESECTION OF THE FEMUR AT THE HIP-JOINT.—Dr. Morton also operated upon a man of 35 years, who had his left hip ankylosed in a strongly flexed position, the limb being nearly useless. He gave a history of pains in the hip-joint, extending down the back of the leg, which had been treated as sciatica; even actual cautery and stretching the sciatic nerve had been done without relief. This was previous to his admission into the hospital. Dr. Morton divided the neck of the femur and cut the hamstring tendons, and extended the leg and thigh at an angle of 140° to the body, the object being to have the limb ankylosed again in good position for walking or sitting. There was good motion at the knee.

Now is the time to subscribe to the TIMES, $2.00 per annum.

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PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, OCTOBER 15, 1888.

EDITORIALS.

ANONYMOUS MEDICAL JOURNALISM AND ANOMALOUS ADVERTISING.

THE medical profession of this country, more so than that of any other under the sun, is familiar with the almost painful struggles for existence of amateur medical journals. In view of the traditional "long-felt want" which it is their self-appointed mission to attempt to fill, we are disposed to accept a certain amount of sensationalism as a matter of course, and even to pardon a little bumptiousness on the part of the newly-fledged editor, knowing that, if the bantling should be so fortunate as to survive the critical period of infancy and successfully pass the ordeal of cutting his eye-teeth, all this will wear off, and it will gradually take its place in the ranks of legitimate journals as the sober and respectable exponent of mature medical thought. During the two decades, now nearly completed, of the existence of the PHILADELPHIA MEDICAL TIMES, hundreds of medical meteors have flashed across the scene, and have left scarcely a trace of their ephemeral existence. History is certainly silent upon the momentous question whether or not their projectors succeeded in satisfying that long-felt want; probably not.

Some of these new arrivals, when introducing themselves, present their credentials, and their editors and projectors being known to the profession, their deliverances receive, and deserve to receive, at least a certain amount of respectful attention. Others appear entirely anonymously, and it is left to the profession to discover whether the omission of any responsible name is due to excessive modesty, or to some other, perhaps, sinister, motive.

It is the rule that the management of the TIMES ignore anonymous communications whether in manuscript or in print. If we make a seeming departure from a well-established custom, in the present instance, we do so not because we consider the matter worthy of notice in itself, but because it illustrates a new, and in our opinion disgraceful, phase of advertising. It will be no revelation to the medical public to be told that many (so-called) medical journals are, either openly or secretly, carried on by enterprising business houses in order to protect their interests and to promote the sale of their goods. When such publications are decently conducted we confess that we do not consider them altogether useless, because they certainly help to supply the profession with medical literature at a very cheap rate. There are others which, we regret to say, are unmitigated evils to the profession.

We are compelled to protest, for instance, when the limits of propriety and decency are transcended in advertising to the extent which they have been in the pages of a very new and entirely anonymous publication of which sample copies have been recently distributed in this city. How such a publication could ever expect to obtain subscribers by circulating a vulgar tirade against the American Medical Association, we cannot conceive; and we are forced to the conclusion that the edition is circulated in the interest of some business rival to the firm of infant-food manufacturers prominently mentioned in no complimentary terms in the same connection. In fact the statements concerning the firm alluded to are so vituperous and libellous that they could

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not appear in any responsible medical journal; their very insolence and extravagance proving that their unknown author feels secure in the obscurity which his peculiar talents so eminently qualify him to adorn. At our request, Messrs. Reed and Carnrick, who are referred to by name in the article under consideration, have given us the following information, which throws some light upon rather a dark subject. A rival house has been freely advertising to the profession a peculiar powder for making so-called "humanized milk" from cow's milk, by a process devised by Prof. A. R. Leeds, of Hoboken, N. J. The same Prof. Leeds, both in his official utterances in connection with the State Board of Health, of New Jersey[1] and in others appearing elsewhere,[2] has so manifested his interest in the sale of "peptogenic milk-powder" and the use of "humanized milk" (both trade-marked preparations), that his utterances with regard to other infant foods are deprived of the credit and respectful consideration that would be due to the investigations of a competent and impartial chemist.

The *Boston Medical and Surgical Journal*, which had been led into giving publicity to some of the misstatements referred to, has, after a further consideration of the subject, made the *amende honorable* by publishing in its issue for Sept. 27 some correspondence contained in an official circular issued by Dr. Newton, the Dairy Commissioner of New Jersey. This circular was issued by the Dairy Commissioner for the express purpose of correcting the false statements previously published, and avowedly with the object of atoning in a measure for their appearance. The circular contains a report made by Prof. Elwyn Waller, Professor of Analytical Chemistry in the School of Mines, Columbia College, which we take the liberty of giving verbatim, and also a letter from Prof. Breneman, of Cornell University, which is of the same tenor, but which want of space forbids us to reproduce entire:

"I have examined a sample of Carnrick's Soluble Food (purchased by myself from Elmer & Amend). I find that 38.26 per cent. of the albuminoids which it contains are in the soluble form.

"The sample also gave readily the biuret reaction for peptones. I failed to detect in the Food, when moistened, any of the 'hard, unchanged particles of casein' which, it has been asserted, it contains.

"My results lead to the conclusion that the casein in the preparation has been partially rendered soluble by the action of the digestive ferment, as claimed by the manufacturers.

"(Signed) ELWYN WALLER, PH D."

Dr. Breneman says: "On February 20, 1888, I made at the request of Reed & Carnrick, a test of the peptonized milk received in good condition from their factory. Of the albuminoids of the original milk, 46.6 per cent. were found to be rendered soluble (that is, no longer precipitable by boiling or by acids). Through the process of digestion, such soluble nitrogenous matters must, under the circumstances, consist of peptones, albumoses, and caseoses, products of the modification of the original albuminoids of the milk by digestion.

"Having made many analyses of this Food during the past three years, I have never found the proportion of albuminoids to run below 16.5 per cent., as determined by combustion with soda-lime. The average of fifteen analyses, made since January 1, 1887, shows 18.96 per cent. of albuminoids. These results also agree well with the analyses of the same Food made by Stutzer and other well-known chemists."

We think that these reports are a sufficient answer to Leeds and to the anonymously conducted journal, which relies upon his alleged analyses and his friends for support in its present position.

We submit the case to the profession without comment, except to reiterate our expression of our regret that advertising enterprise should have been so misdirected. Concerning the attack made upon the American Medical Association and its Committee on Hygiene, and the insulting reflection upon the members of the association, it is not to be expected that they will be honored by any notice whatever; the only effect will be, in all probability, to excite sympathy for the reputable and well-established house, which has been attacked so grossly and unjustly.

[1] Ninth Annual Report, Board of Health, State of New Jersey, 1885, and Report of N. J. State Dairy Commissioners, 1887.

[2] Among the unofficial utterances we note the paper read by Prof. Leeds, before the International Medical Congress at Washington, 1887, which does not appear, however, in the published transactions, because it was so palpably an advertisement of the firm now engaged in manufacturing peptogenic milk-powder as to attract the attention of the Committee on Publication.

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ANNOTATIONS.

IS MARRIAGE A FAILURE?

THE English journals are filling in a dull part of the year by discussing this question in a serio-comic manner, and it has spread from the lay press into the medical journals. This gives a favorable opportunity for the grumbler to rise up in his might and bore a suffering public with his lengthy list of grievances. All the bad consequences which result from ill-starred unions, from the friction necessary before the domestic machinery is ground down to smooth working order, the variability of the species, the wrongs endured on both sides, etc., are portrayed with the vividness of personal grievance. But after all, the really serious causes for complaint are exceptional; while most of the troubles are simply due to the fact that this bad old world is not inhabited by angels, but by weak, fallible, irrational men and women, filled with selfishness, passionate and reckless of consequences. And though the exceptional cases where wedlock fails in its object are but few, they appear far more frequent, because they are paraded before the public eye, while the cases in which wedlock succeeds are so common that they excite no remark. While there is undoubtedly more joy over one repentant sinner than over the ninety-nine who sinned not, it is scarcely fair to the ninety-nine.

The most conclusive argument in favor of marriage is, however, that supplied by Darwin's law of the survival of the fittest. In the history of the human race, every arrangement which could possibly be made between the sexes has been tried for ages and æons, in every conceivable manner, under every concatenation of circumstances; and the world has settled down to the mating of one man to one woman as the best—the solution towards which civilization inevitably tends.

And while humorists like Lamb may facetiously recommend that "a wife at forty should be exchanged for two at twenty," he who would put such an idea into practice may safely be looked upon as an abnormal specimen of his race—morally or physically depraved.

RESIGNATION OF PROF. OSLER.

Dr. William Osler has resigned the chair of Clinical Medicine at the University of Pennsylvania, and accepted that of Practice at the Johns Hopkins University of Baltimore, where he is also to be physician to the hospital.

During the brief period of his residence in Philadelphia, Dr. Osler has made many warm personal friends, and has won a high reputation by his scientific work. His studies of ulcerative endocarditis have been especially commended, and have reflected credit upon the institution under whose auspices his results were published. It is with much regret that we announce his departure from the city.

But we think that Dr. Osler has chosen wisely in going to Johns Hopkins, and that both he and the University of Pennsylvania will be benefited by the change. As Dr. Osler is reported to have said, the objects of the Johns Hopkins are more thoroughly scientific and less merely practical than those of an ordinary medical college. It is, in fact, a post-graduate college. That Dr. Osler is peculiarly fitted, by his natural bent, for a position in such an institution, carries with it the necessary deduction that he is not so well fitted for a practical school.

The distinction is a real one. As long as the course of medical study continues to be compressed into three years, the first need of a medical school must be to make of her students good practitioners. The teaching must be practical; rudimentary; the skeleton of the science, which may be clothed by and by. There is no more reason in requiring the student to listen to learned disquisitions, though they may be of absorbing interest to highly cultivated members of the profession, than there is in putting a child into conic sections instead of the first reader.

For this reason we believe Dr. Osler will find more congenial work at Johns Hopkins University, and that the University of Pennsylvania may find a better teacher elsewhere for her undergraduates. Yet, we cannot help wishing that the spirit which created the Johns Hopkins University was still extant in Philadelphia, and that the ancient center of American medicine

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still presented opportunities for such teachers as Dr. Osler, superior to any which could be found elsewhere. W.F.W.

There can scarcely be a doubt in the mind of any reasonable being that the Whitechapel murders are, as Forbes Winslow puts it, the work of a fiendish madman. As the case now stands, eight women, all of the lowest order of prostitutes, have been murdered and their uteri cut out and carried away. Some knowledge of anatomy is evinced by the removal of this organ, and a certain dexterity in the use of instruments by the manner in which the mutilations were accomplished.

We have not as yet heard the theory advanced that the crimes are committed by an ovariotomist, who despairs of equalling Tait's record, unless he can procure specimens in this manner without having deaths to report. This is no more absurd than the theory which attributes the murders to an American who is collecting specimens for a museum. Our British cousins had better put detectives on the track of their ovariotomists.

The atrocity of these murders, and the cunning with which the perpetrator has hitherto accomplished his object and still concealed his identity, point to madness of the most dangerous sort. The selection of victims from prostitutes also gives an inkling of the kind of a purpose which is most likely to actuate a maniac, who may imagine that he is commissioned to rid the world of this class of women, or to revenge on them some real or fancied injury at the hands of one of their number. Not long ago a father threw vitriol into the face of a woman whom he believed to be ruining his son. This is insanity of a different type from that of the Whitechapel murderer; but both may spring from the same cause, allowing the mind to dwell upon real or fancied wrongs, to let rage, hatred and malice grow up in the heart and stifle the better emotions until reason itself is dethroned.

Those who make of alienation a special study know well how intangible is the line which divides sanity from madness; and that there are thousands of persons who are perilously near the margin, perhaps throughout their lives, needing but a competent excitant to send them headlong into mania.

There are others who, suffering their minds to dwell upon one idea too constantly, may end by falling under its domination. So-called religious insanity is perhaps the most dangerous of all, as in these cases the study of the Old Testament is apt to awaken in the disordered mind the idea of being an instrument of God's wrath, a scourge of the wicked, a reformer of the world, a martyr to the truth, etc., and under the domination of these fancies the most appalling crimes may be perpetrated.

The only suggestion which the *British Medical Journal* has to give upon the subject is the rather inconsequent one that the tenements which form hotbeds of crime in that neighborhood be re-built and maintained in a sanitary state. This has repeatedly proved beneficial in dealing with ordinary lawlessness; but the present case is altogether different.

THE reports from the South show that the unusual coolness of the weather is proving a God-send indeed to the towns stricken with yellow fever. In Jacksonville the number of new cases and of deaths show a progressive decrease; while in none of the other towns attacked has the disease attained the dimensions of an epidemic.

The cause of yellow fever is active only during the night. This is enough to justify an alleged physician in Kentucky in coming forward with a proposition to kill the disease by exposing infected places to powerful electric lights. This is a very good theory with which for people to amuse themselves at a safe distance from the danger. All such things tend to lead the public attention away from the fundamental truth that cleanliness—asepsis—is the one and only remedy. Cleanliness is next to godliness, and without cleanliness in yellow fever towns people are apt to realize on their godliness prematurely.

We are informed that the person who offered $100 each for uteri is a Philadelphia gynecologist who was in London last summer (1887).

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LETTER FROM PARIS.

TREATMENT OF PAINFUL CYSTITIS.

THERE are a number of bladder troubles that not only have pain as a symptom, but also continue for a long time without getting any relief from drugs. In these states it is usual to make an attempt at washing out the bladder by passing a catheter, more or less complicated, and which often leads to an irritation that loses all the advantages gained by the *lavage*. Besides this, there is always a distension of the bladder that is hurtful in all cases. These facts led M. Lavaux to propose that all sounds should be suppressed, and a small, constant pressure used, just enough to allow a liquid to pass into the bladder and allow of its being carefully washed without causing dilatation. The method used can be very simple. The usual French rectal irrigator, called *Eguisier's*, has a small gum canula put on it, about 12 to 14 centimetres long by 6 millimetres thick. This is introduced into the spongy portion of the urethra until it is stopped by the membranous portion. This is not passed, as it has been found that all the irritation arises from passing sounds over the constricted part. The canula being so placed will force the water used only over the membranous portion, thus preventing the sore point of instrumental troubles. The tube leading to the instrument should have an outlet with a second double cock upon it to stop off the supply of liquid, and also to allow of an outlet to that already injected. The pressure of these small rectal injectors when wound up is small, constant and graduated, and cannot cause dilatation of the bladder if the patient is informed that he must open the outlet the moment he feels inclined to urinate, and let all pass out. This is continued for five or six times at a sitting, and at first but once a day; afterwards, several times in case of much pain. The solution used is a saturated one of boric acid, used warm, and a little of the liquid is allowed to remain at last. The physiological capacity of the bladder seems to increase as the washings are repeated. It will tolerate at first only 60 to 80 grammes, but later up to 100 to 120 of borated water at 38° C. The pain soon stops, although in some cases the first washing causes slight pain, pus soon passes away and the urine becomes normal. Great success has been obtained with this method, which does away with all sounds, syringes and air bulbs. After the first washing the patient can readily apply the system himself. One of the surgeons who recommends it (Dr. Berttiolle) used it first upon himself for over eighteen months. The only contra-indication is when there exists an obstacle to the return of the liquid injected; chronic painful cystitis, stone in the bladder, and whenever there is stagnant urine, or inflammation, are the indications; also spasm of the neck of the bladder has been relieved by this method of washing out the organ.

TREATMENT OF PNEUMONIA BY DIGITALIS.

Professor Pétresco, of Bucharest, has been in Paris this summer to attend the Tuberculosis Congress, and, besides his communication to that body, he also read a work on the hæmostatic properties of Bryonia alba, which he gave in doses of 25 to 30 grammes of the root to 300 grammes of water. But a more important paper was the one he read to the Académie de Médicine on the treatment of pneumonia by digitalis in large doses. In his hospital practice in Roumania, where the winters are so severe, he had treated last year over six hundred cases of pneumonia, and he thinks *if* there is a bacillus that causes the disease it must be a curious one, as the thermometer was 23 Reaumur degrees below zero at the time when it made its evolution in his cases. The pneumonias, then, that he treated were of a frank, inflammatory type, fibrinous, what is called *a frigore*, the classic form, in fact. The following was the prescription used:

℞ Digitalis folii..... 4 grammes
Aquæ.....200 "
Syrupi..... 40 "
M. Infusion. S.—To be taken by tablespoonfuls every half hour.

He found there was the greatest tolerance for the drug, some of his patients taking 8 grammes of the leaves in twenty-four hours, and one or two up to 12 grammes, all with the most favorable therapeutic effects. As a rule, the disease was made to abort in

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three days by these high doses of digitalis. Dr. Pétresco concludes: First. That pneumonia can be aborted by digitalis in large doses given from the first outset of the disease. Second. The dose should be 4 to 8 grammes of the leaves per day in infusion. Third. The efficacy of this treatment is confirmed by statistics of the relative mortality, and the tolerance with the non-toxic action of this dose is proven by 577 cases published by Dr. Pétresco. The temperature fell from 40° to 36°, and the pulse from 130 to 76; the mortality was only 1.25 per cent.

Dr. Sancerotte writes an article confirming these results, which he obtained at Lunéville; but while saying that digitalis was the best drug to obtain a diminution of fever and the inflammatory products in 94 cases he had treated, he had not obtained good results in three days; but from the fourth day only. He also feared the accumulating action of digitalis, and never gave more than one gramme per day, and not over four grammes in all (for the five days). There is a question here, no doubt, of the kind of digitalis used and, perhaps, of the race of men it is used upon. In any case, while allowing that it may have a real beneficial action in pneumonia, it would be well to see what dose produces the digitalic collapsus, from which it is difficult to get patients out, before employing Professor Pétresco's high doses.

PATHOLOGY AND TREATMENT OF KERATO-CONJUNCTIVITIS.

This form of ophthalmia is the common every day type seen in scrofulous patients, and M. Augagneur of Lyons finds that the rhinitis that is seen with it is an active cause of the complaint. He says the rhinitis is an inflammatory lesion caused by microbes; as pus is always found, the virulent principle passes from the nose into the lachrymal passages and from there penetrates the conjunctival cavity, inoculates itself there, and passes into the cornea; from this new pathological view of the matter he formulated a treatment which he justifies by a number of reports of successful cases.

As to the eyes, he does not do much as long as the lesions are only of the conjunctiva; he uses only rose water washing, if they pass to the cornea, then atropine, with floating bandage.

But as to the nose, the treatment is more active; warm nasal irrigations are used to wash off the scabs and borated vaseline oil is applied to the parts exposed, while the following antiseptic powder is blown into the nose, in case of children, or used as a snuff by adults from eight to ten times daily.

℞ Pulverized camphor,
Acid boric,
Sub-nitrate of bismuth, } āā equal parts.

DESTRUCTION OF TUMORS BY CHEMICAL CAUSTICS.

This old method of destroying tumors is not much used by modern surgeons, except the quacks who advertise to cure cancer in the daily papers.

Dr. Felix of Bordeaux, however, has lately published several observations, in which he relates cases of success with a caustic paste. The first one was a cysto-sarcoma of the pectoral region in a young man 17 years old. The tumor was destroyed with the paste, and the cure was a complete one.

Another case was an ulcerated encephaloid carcinoma of the left breast in a woman, which, destroyed in the same way, gave an excellent result, so far that the cicatrix is perfect after four months time. Many other cases are given of small tumors in which complete success was obtained. The caustic paste used was as follows:

Wheat flour	112	grammes
Starch	37	"
Corrosive sublimate	1	"
Iodol (pure)	10	"
Croton chloral	10	"
Bromide of camphor	10	"
Carbolic acid cryst.	10	"
Chloride of zinc (dry)	110	"

Pulverize each one of these apart, and then mix them in a glass mortar, adding enough distilled water to make a paste as thick as putty, which can be afterwards softened a little with glycerine.

This paste is antiseptic, caustic and yet almost painless, while it does not attack the parts covered by healthy skin. The surgeon may mould it in his hands with a little water. To make it act, denude the part with a strong solution of caustic potash on cotton, which rub over the skin to prevent pain.

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In doing this inject first one gramme of this solution

℞ Antipyrin..... ...5 grammes
Hydrochlor. cocaine. .16 centigrammes
Aquæ destill.....15 gr.
M.

or else pulverize a little ether over the tumor first. As soon as denuded apply a coating of about five millimetres thick of caustic paste and put on a bandage to retain it. Three to six hours is enough for any small lupus or nævi materni, etc.; but twenty-four hours is needed for large tumors. A thick, solid scab is formed which can be peeled off like a corn without pain. This is to be continued according to the size of the tumor to be destroyed. The advantages claimed are five in all:

1. No serious hemorrhage.
2. No surgical instruments or apparatus.
3. No chloroform or ether.
4. No fever or traumatic accidents, tetanus, etc.
5. No great pain or alteration of the patient's health.

Finally, patients will submit to this treatment who would not allow a surgical operation.

TREATMENT OF THORACIC ANEURISM.

A long academic paper by Professor Verneuil on Moore's treatment of aneurism, showing that it gave bad results, brought forward considerable discussion among the surgeons, and the physicians, not to be behindhand, are now having their say about the matter. The surgeons admit that they can do little or nothing in such cases; but medicine shows some results. Professor Germain Sée gives 24 cases he had treated. He first of all remarks that such patients have a remarkable tendency to become phthisical, finding that they fall into the cavernous form of tuberculosis slowly and without fever. Dr. Sée says that this fact was noticed by your observers in America before the discovery of Koch's bacillus; but it has been passed over in silence in Germany.

In the second part of his communication Prof. Sée gives the treatment he uses. It consists of iodides and antipyrin. In seventeen of his cases, who were not phthisical, twelve of them have been kept constantly in view. In all of them there was a considerable reduction of the tumor; and, what is more important, a rapid and complete disappearance of the three prominent symptoms they complained of; that is to say: (1) Permanent or spasmodic oppression, sometimes even suffocation; (2) laryngeal dyspnœa, with loss of voice, coming from the pressure on the recurrent nerve; (3) the neuralgic pains caused by the nerves of the cervico-brachial plexus. Besides these there is often dysphagia which is also relieved. All this is relieved by the iodides. Just here should be mentioned the fact that Prof. Sée is opposed to the use of iodide of sodium, and he gives a long, careful study of the action of the *two iodides*, showing that the sodium iodide is only a *theoretical* medicine having no advantage over the iodide of potassium, which last is manifestly superior in action on heart and vascular troubles in smaller doses than the sodium salt, and the potassium iodide is not in any way toxic even in doses up to 10 and 15 grammes per day. In no case does the potash do harm; in any iodide it is the iodine that causes trouble, never the potash, so that the fashion of preferring the sodium iodide is not based on clinical facts. The third part of Dr. Sée's paper refers to the simultaneous use of antipyrin in these cases. Prof. Botkine, of Russia, and Dr. Dujardin-Beaumetz agrees with Prof. Sée that this drug calms the heart's impulsion, which is exaggerated, and draws the blood current into the aneurismal sac, and allows it to complete its coagulation, which hastens the cure; but the most remarkable effect of antipyrin in such cases is the taking away of the dangerous and painful symptoms of pain in the region of the heart, and the crushing sense of constriction these patients feel that is similar to angina pectoris. Dr. Dujardin-Beaumetz, while admitting these facts, said he prefers the use of *phenacetine*, which acts as well as antipyrin, and is in no way toxic, as he has given 3 to 4 grammes of it to the kilo. ($2\frac{1}{2}$ lbs.) weight of animals without doing the slightest harm. It however is not very soluble, so it must be given in wafers; but the dose used is only half that of antipyrin.

THOMAS LINN, M.D.

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MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Eleventh Annual Session at St. Louis, September 25, 26, 27, 1888.

THIS comparatively new organization which has grown out of the old Tri-State Society of Indiana, Illinois and Kentucky, held another of its enjoyable meetings at St. Louis.

The President's address was delivered by Dr. Dudley S. Reynolds, of Louisville, Ky.

Dr. J. M. Matthews, of Louisville, replied to the words of welcome on the part of the visiting members.

Yellow Fever, by C. G. Comegys, of Cincinnati, was the first paper read. He considered first what the profession could do to assuage this terrible disease and prevent its spread to other countries' cities. The phases observed in those stricken with the disease were related, and the clinical history given. We know that yellow fever depends on a specific poison, but what that poison is we have not discovered as yet. He thought the fatal results in this disease were due to a very intense degree of the "Brightoid condition." He thought a hot bath should be given to insure free diaphoresis and repeated to relieve the kidneys. Where a hot bath could not be given he did not object to the use of a spirit lamp or steam, with the patient covered by blankets. Boiled ears of corn make an excellent substitute in country practice. Cool lemonade, potash salts, nitro-glycerine are excellent remedies, the latter when there is cardiac dropsy. Alcoholic stimulants he considered very dangerous, unless the kidneys were freely open, as they are quite impervious to alcohol unless open. Alcohol under these circumstances acts as an irritant. He then reviewed the subject of protection by vaccination, and expressed the hope and belief that the future was more hopeful in this direction.

Dr. William Baily, of Louisville, said that if he took any exceptions at all to the most excellent address, it would be that at certain times we have no more certain agent for elimination than alcohol. He believed that the southern portion of this country was more afflicted by quarantine than by yellow fever. A shot gun quarantine is horrible. Does it do any good? Certainly not, unless it is complete; and completeness is about impossible. The government should quarantine against its introduction into the country; but sections of our land should not quarantine against other sections. In 1878 great numbers of refugees, 10,000, came to Louisville. They filled the hotels, crowded the boarding houses and private residences with themselves and their luggage. We did not believe that it would spread there. We had a yellow fever hospital, and in it were about thirty resident physicians and nurses day and night busily engaged with the sick. The disease was carefully studied, *post mortems* and microscopic examinations were made with great frequency. Fifty othere were in daily attendance, every minister in the city and every charitably disposed woman, and from 150 cases none took the disease. So much for personal contact. Previous to this we had thought the disease not indigenous to our climate. Within two squares of the spot where the luggage was emptied out and the cars cleansed we had thirty or forty cases, none having had personal contact with any sick, but with the luggage and clothing. We again invite yellow fever refugees as we did then; but we ask them to leave their luggage at home. Louisville would rather clothe them than have them bring their dangerous clothing with them. In inviting them we believe we will save more lives than we will lose. There may be some reason for such cities as Memphis surrounding themselves with a cordon, for she has suffered terribly; but can we not take the risk for suffering humanity?

Dr. McPheeters, of St. Louis, wished to speak of State and city quarantine, endorsing Dr. Baily's remarks thoroughly. Previous to the war, he was for a time U. S. surgeon to the Marine Hospital here. Many patients having the yellow fever came here and were placed in the fever wards with other patients. Not much attention was given to them; they created no panic, and so far as I was able to learn, no case originated from these. I believe that the whole country suffers more on account of quarantine than the yellow fever. The brutality of shutting our doors against the refugees is greater

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than the yellow fever. Louisville's action is creditable to her.

Dr. Homans, of St. Louis, Mo., secretary of the Missouri State Board of Health, moved that a committee of five be appointed to consider this subject of yellow fever, and report at a later session of this meeting. This motion was adopted.

Dr. Comegys, in closing the discussion, said that he certainly agreed with the gentlemen who had taken part in the discussion on the question of the non-contagiousness of the persons of patients suffering with the disease. A man without clothes might go anywhere and not spread the disease. He insisted further on the necessity of hot baths.

The election of officers resulted as follows: President, Dr. George J. Cook, of Indianapolis; Vice-Presidents, Dr. J. D. Griffiths, of Kansas City; J. A. Larrabee, of Louisville, Ky.; Secretary, Dr. R. L. Thompson, of St. Louis; Treasurer, Dr. W. C. Chapman, of Toledo.

Committee on Credentials: C. S. Bond, of Richmond, Ind., chairman; A. W. McAllister, of Columbia, Mo.; L. S. McMurtry, of Danville, Ky.; C. G. Comegys, of Cincinnati, O.; D. S. Booth, of Sparta, Ills.

Judiciary Committee: J. L. Gray, of Chicago; W. W. Bailey, of Louisville; C. R. Earley, of Ridgeway, Pa.

Chairman, Committee of Arrangements: Dr. A. M. Owen, of Evansville, Ind. Evansville was chosen as the next place of meeting. Dr. Owens promised an interesting meeting; and he knows how to do it, for he gave an exhibition of his abilities in that line three years ago, when the society met in that "little side-tracked city in the pocket of Indiana."

REPORT ON YELLOW FEVER.

This was the result of a discussion on the subject of yellow fever, introduced by a paper read by Dr. C. G. Comegys, of Cincinnati. The whole matter was referred to a committee, consisting of Drs. George Homan, of St. Louis, J. A. Larrabee, of Louisville, J. D. Griffith, of Kansas City, George N. Kreider, of Springfield, Ill., G. A. Collamore, of Toledo, Ohio, David S. Booth, of Sparta, Ill., A. U. Williams, of Hot Springs, Ark., and A. P. Waterfield, of Teunessee. These gentlemen were instructed to draft resolutions embodying the sense of the Association on this subject. The resolutions were adopted by unanimous vote without discussion:

Resolved: That it is the sense of this meeting that yellow fever is not contagious in the ordinary sense of the term, that it cannot be communicated from the sick to the well, except in an atmosphere containing germs.

That the mildness of the present yellow fever invasion, and the lateness of the season, warrant us in strongly deprecating the fear now existing in many southern communities, the present rate of mortality not being greater than that which ordinarily obtains in typhoid fever.

That the self-imposed quarantine regulations now in force in the states north of the infected districts are not only absurd, but inhuman and unworthy the age in which we live.

That the quarantine regulations to be effective, should apply to the baggage, clothing and effects, rather than to the person of the individual.

That when such effects come from infected districts, they should be destroyed by fire and the owner reimbursed from public funds.

That cities and towns to the north and upon lines of travel may safely provide hospitals for the reception and care of the sick.

The resolutions are signed by the members of the committee.

Psychical Treatment of the Insane was the subject of a paper by Miss Bryant, of Chicago. She once heard a patient say that every superintendent of an insane asylum should be confined in the barred room for six months before allowed to continue his position. He would then know better how to treat his patients. This room the patient described as hell. She discussed the insane atmosphere which was present in asylums. The personality of attendants she thought very great in importance. She advocated the cottage plan of asylums, dispensing entirely with the enforced confinements and recommending humane treatment throughout.

Clinical notes on Rheumatic Neuralgia was the subject of a paper which was extensively discussed by the members.

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It was read by Dr. R. F. Brooks, of Carthage, Mo.

Penetrating Ulcer of the Intestine was the subject of a paper by Dr. J. M. Emmert, of Atlantic City, Iowa.

Laparotomy, with cases, was the subject of Dr. H. C. Dalton, of Mo. The justifiability of laparotomy has long since been acknowledged. Appendicitis, perityphlitis, peritonitis, gun shot wounds of the abdomen are conditions which demand this operation frequently. He had used Senn's hydrogen gas injection with success. In one case of gun shot wounds of the abdomen he had fifteen perforations of the abdomen. He reported sixteen cases, and was sure that he would have had a better result had he operated earlier.

Benign Laryngeal Growths was the subject of a paper by Dr. Wm. Porter, of St. Louis.

Consanguineous Marriages was the title of a paper by Dr. A. W. Spain, of Terre Haute, Ind. He claimed that the physical condition of the persons married was solely responsible for the peculiarities of the offspring, and the fact that they were blood-related had nothing to do with the case.

Can a Diseased Fallopian Tube be Treated through the Uterus, was treated affirmatively by Dr. T. B. Harvey, of Indianapolis.

The Recent Epidemic of Small-Pox at Moberly, Mo, was the subject of a paper by Dr. Joseph Grindon, of Moberly. This was an interesting paper on a circumscribed epidemic which spread from the opening of an old chest of second-hand clothing brought from Bohemia by an emigrant. He said it was the opinion of the Secretary of the State Board of Health that we would have small-pox in Missouri this winter. He had the cases all nicely tabulated into generations on a chart, which also showed two interesting points—the effect of isolation, and the very low death rate, only 0.25 per cent. Some interesting points on the effect of vaccination were also brought out.

A Typical Case of Mastoid Disease was the subject chosen by Dr. S. S. Beard, of Chicago, and handled in a thorough and entertaining manner.

The papers remaining over were read by title, and the meeting adjourned.

SOCIETY NOTES.

At the meeting of the Philadelphia County Medical Society, September 26, there was a very fair attendance. Among those present were Drs. J. C. Da Costa, Massey, Partenheimer, Barker, Collins, Oliver, Barton, Allis, Roberts and F. H. Gross.

Dr. S. W. Gross read a paper describing his operation for cancer of the breast. He makes a true amputation, encircling the gland with an incision down to the fascia, and removing this membrane as well as the gland. He then makes an incision reaching up into the axilla, which he thoroughly cleans out. This gives the incision the shape of a skillet, a round part with the handle. Out of 45 cases two died; one of pneumonia, the other of fat embolism. In 29 per cent. the cancer recurred locally. Nine recovered permanently.

The next best operation he considers that in which the nipple and affected skin are included in an elliptical incision, one end of which is prolonged into the axilla. The most successful series of cases yet reported of this latter operation so nearly equals his own results, that of late he has modified his practice by making an elliptical cut. It is, however, too soon to state what degree of permanent success has been secured. When the circular operation is performed there may not be enough integument available to cover the surface, and the wound is left to heal by granulation. If recurrence takes place, it is because there are nodules left in the pectoral muscles.

The operation which simply removes the tumor, leaving part of the mammary gland, he condemns in toto. Dr. Gross reiterated his belief that any surgeon who knows how to operate with antisepsis or asepsis, and fails to make use of it, is criminally responsible if erysipelas, septicemia or suppuration ensue.

Dr. Collins spoke in approval of Dr. Gross' method.

Dr. Allis called attention to a valuable point in Gross' method of operating. He carefully searches the chest for nodules, each of which he marks with a pencil, and when the incision is

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made it is wide enough to embrace all the nodules so marked and the intervening integument.

Dr. Roberts commended the clearing out of the axilla.

Dr. Burns reported that he had operated in three cases of old standing, in which the axilla was not opened, but no recurrence took place; while in some cases, where he had cleaned out the axilla, the cancer had recurred.

In conclusion, Dr. Gross said that Burns' cases were simple coincidences, as the latter could scarcely intend to advance the theory that thoroughness of removal favored a return of the disease.

At the Philadelphia County Medical Society, Wednesday, October 10th, Dr. G. E. de Schweinitz read a paper on "Acute Optic Neuritis, with the Report of a Case;" and Dr. J. K. Young exhibited a Morton's ophthalmoscope.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

COMPRESSION OF THE BRAIN.

EDITOR MEDICAL TIMES:

ABOUT three weeks ago I was called to consult with my friend, Dr. J. R. Roach, in a case of severe injury to the head, caused by a fall from a running horse. The young man, seventeen years old, bright and intelligent, was the only boy in a family of several girls. The injury had been received just three days before I saw the case. Unconsciousness, inability to stand, the power of speech totally abolished, and he seemed just alive and no more. This was his condition from the first. The respiration was short and labored; the pulse soft, unnaturally slow, did not beat more than forty-five in a minute. Stomach quiet and took some fluid nourishment. His temperature registered 102°. The only injury visible to the eye was ecchymosis, contusion and some swelling about the right eye entirely closing it. No hemorrhage from ear or nose to amount to much.

The first remedy suggested to my mind was blood-letting, hoping in that way to strengthen the heart's action by lessening blood pressure. But our greatest surgeons advise that in such cases blood must not be taken "heedlessly or causelessly." And also that premature "bleeding has slain its thousands." (Gross.) And, again, we are not advised to bleed until reaction has taken place. How are we to know when that takes place, the patient remaining the same for days, and during those days very liable to die while we are waiting. From the diversity of opinions regarding general depletion, we decided to exclude that plan of treatment. Leeches would have been judicious; but we did not have them. We then decided to resort to the next best antiphlogistic and depletory remedy, mercury, to the point of ptyalism; keep down fever by antipyrin, applying cold to the head, and perfect quietude. In the course of ten days consciousness returned. He ate, slept and seemed himself, with the sad exception of an impaired mind. He recognizes his friends and is cognizant of his whereabouts; but calls persons by odd names, such as the name of some animal, and will speak very politely to his father every time he enters the room should that be twenty times a day. We need advice touching treatment and prognosis. Were we wrong in discarding bleeding? Please give us your opinion. GEO. B. SIMPSON.

Weston, W. Va.

BOOK NOTICES.

DISEASES OF THE LIVER. By DUJARDIN-BEAUMETZ. Geo. S. Davis, Detroit. Price, cloth, 50 cents; paper, 25c.

This is a book which will have an immense sale.

PHYSICIANS' INTERPRETER. In four languages. Specially arranged for diagnosis. F. A. Davis, publisher, Phila. Price, $1.00.

A collection of questions and answers, such as are most used between physician and patient, in English,

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French, German and Italian. It is of a size convenient for the vest pocket. The phrases are well selected, and one might practice long without requiring more of these languages than this little book furnishes. The pronunciation is not given, but then one can't expect to carry the Philadelphia Library in his vest pocket.

ANNUAL REPORT OF THE HEALTH COMMISSIONER OF ST. LOUIS FOR THE YEAR ENDING APRIL, 9, 1888.

EIGHTH ANNUAL REPORT OF THE NEW YORK STATE BOARD OF HEALTH FOR 1887.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI. Thirty-first Annual Session, 1888.

A handsomely printed volume of 462 pages.

THE CONTAGIOUSNESS OF PHTHISIS. By L. F. FLICK, of Philadelphia.

An abstract of this paper appeared in the TIMES recently. We advise our readers to send to the author for a copy of the reprint, which is illustrated by maps, showing the grounds for the author's deductions.

CHEMICAL EXPERIMENTS FOR MEDICAL STUDENTS. Arranged after Beilstein. By W. S. CHRISTOPHER, M. D., Demonstrator of Chemistry, Medical College of Ohio, Cincinnati. 16mo. Cloth. Price, $1.00. Published by Robert Clarke & Co., Cincinnati.

Extra blank leaves are inserted at the end for students' notes. This is intended for students alone. It has blank pages for notes, and is a useful book for beginners. The large list of errata is to be regretted.

Annual report of the Commissioner of Pensions for 1888.

Sixth report of the Sapporo Agricultural College, published by the Hokkaido Cho.

Transactions of the Medical Society of Pennsylvania, Vol. XX, 1888.

Report of the Health Officer of the District of Columbia, 1887.

Index-Catalogue of the Library of the Surgeon-General's office, U. S. Army. Authors and Subjects, Vol. IX. — Medicine (Popular) — Nywelt. Washington, Government Printing Office, 1888.

Medical and Surgical History of the War of the Rebellion. Part Third. Medical Volume.

PAMPHLETS RECEIVED.

HEREDITY. By JAMES THOMAS SEARCY, of Tuscaloosa.

PELVIC AND ABDOMINAL DISEASES. By T. B. HARVEY, Indianapolis.

ADVANTAGES OF THE UNION OF MEDICAL SCHOOL AND UNIVERSITY. By WILLIAM H. WELCH, of Baltimore.

A CASE OF POISONING BY ATROPIA. By LLEWELLYN ELIOT, Washington, D. C.

THE ELECTRO-MAGNET in Removal of Steel from the Interior of the Eye. By A. A. Hubbell, M. D., Buffalo, N. Y.

MUSCULAR ATROPHIES AND HYPERTROPHIES. By Landon Carter Gray, M. D., New York.

THE AMERICAN HIP SPLINT. By Dr. A. B. Judson, New York.

ABSTRACTS.

ALBUMINURIA IN INDIA. — HAILEY (*Indian Med. Gazette*) states that a combination of advanced anæmia and malarial blood disintegration alone are sufficient to produce albuminuria.

HOT PACK IN ACUTE BRIGHT'S.—Carpenter (*Practitioner*) puts on record some cases to show that the continuous hot wet pack cannot be used in acute renal disease without risk, and requires caution in its application. The temperature should be taken at least every three hours, and at shorter intervals in the event of decided pyrexia, so as to minimize as far as possible its attendant risks. He inclines to the belief that hot air is preferable, and is certainly safer.

OSMIC ACID IN MYALGIA.—Grinevitski (*Practitioner*) recommends the injection of eight drops of a one per cent. solution of osmic acid into the parenchyma of the affected muscle; the dose to be gradually increased to twenty-five drops. Burning pain ensues, lasting about two hours. These injections he uses in acute and chronic cases alike, with no other remedy. In all cases much improvement has resulted, and in most a complete cure, after from two to six injections.

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In *The Medical Age*, MULHERON recommends the following as a cathartic in ague, to be given during the sweating stage:

℞ Euonymin.....gr. iij
Podophyllin.....gr. ¼
Ext. belladonnæ.....gr. ss
M. S.—At one dose.

For the malarial cachexia:

℞ Hydrarg. bichlorid.....gr. ij
Tr. ferri chlorid.....ʒ iij
Acid. hydrochloric dil.....ʒ iij
Liq. arsenici chloridi.....ʒ iss
Potassii chloridi.....ʒ ss
Syrupi.....ad....ʒ vj
M. S.—f3 j in water, four times a day.

MISCELLANY.

THE LOCO WEED.—In the *Southern Clinic*, MILLER states that this plant is exciting much interest among the stock raisers of Kansas from its effects upon cattle. The animals soon acquire so decided a taste for it that they refuse any other food. All sense of distance or dimension seems to be abolished by its use; animals may be seized with dangerous mania; they lose flesh, become feeble, and finally die exhausted. Pregnant animals are so sure to abort that fears are entertained that herds will be exterminated by the plant. If the half be true, it deserves a full investigation. Drs. Kennedy and H. C. Wood made some experiments with the dried plant, and failed to produce any toxic symptoms with it. Either the virtues reside only in the fresh herb, or the plant which they investigated is not that which produces such mischief among cattle.

THE CHINATOWN ULCER.

Under the above caption the *Pacific Med. and Surg. Journal* gives an editorial on the sanitary condition of the Chinese quarter of San Francisco.

The writer very sensibly remarks that the disgrace does not attach to the Chinese. They know nothing of sanitation, and see no advantage in civilized ways. The remedy consists in suitable legislation to provide a proper sanitary condition, and the appointment of inspectors to see that the laws are carried out. Abuse of the Chinese does no good; while raids are simply intermittent efforts, which should give place to a steady, systematic enforcement of the law.

PENNSYLVANIA HOSPITAL.

The managers have abolished the registration fee for attendance upon the clinical lectures during the winter, and students are allowed to register upon showing their matriculation tickets. The lectures have already commenced and are on the usual days, Wednesday and Saturday, from ten o'clock to twelve, at Eighth and Spruce Streets.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING SEPTEMBER 29, 1888.

MEDICAL INSPECTOR ADRIAN HUDSON ordered for examination preliminary to promotion to Medical Director.

MEDICAL INSPECTOR NEWTON L. BATES ordered for examination preliminary to promotion to Medical Director.

SURGEON GEORGE H. COOKE ordered for examination preliminary to promotion to Medical Inspector.

MEDICAL INSPECTOR MICHAEL BRADLEY ordered as member of Naval Examining Board.

MEDICAL INSPECTOR HENRY M. WELLS relieved from duty as member of Naval Examing Board.

SURGEON MANLY H. SIMONS ordered to Widow's Island Naval Hospital.

P. A. SURGEON A. C. HEFFENGER detached from Naval Hospital, Widow's Island, and wait orders.

WEEK ENDING OCTOBER 6, 1888.

MEDICAL INSPECTOR ADRIAN HUDSON ordered to Naval Hospital, Mare Island, Cal.

MEDICAL INSPECTOR A. L. GIHON detached from the Naval Hospital, Mare Island, Cal., and proceed home.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM SEPT. 23, 1888, *TO OCT.* 6, 1888.

By direction of the President Major George M. Sternberg, Surgeon, U. S. Army, will proceed to Decatur, Alabama, and to such other points in the infected districts of the Southern States as he may deem necessary, to continue his scientific investigations of yellow fever. Par. 8. S. O. 224. A. G. O. Washington, September 26, 1888.

Leave of absence for one month, with permission to apply to the proper authority for an extension of one month, is granted to Major John W. Williams, Surgeon, on duty with Battalion of 2d Artillery, now at Fort Wadsworth, N. Y. H. Par. 1. S. O. 209. Hdqrs. Div. of the Atlantic. Governor's Island, N. Y. City, October 4, 1888.

Under authority from Hdqrs. of the Army, A. G. O., dated September 22, 1888, Major Chas. B. Throckmorton, and batteries "K" and "M," 2d Artilery, comprising the garrison of

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Jackson Barracks, New Orleans, La., will proceed at once, by sea, to New York Harbor, and upon arrival there will take post at Ft. Wadsworth, N. Y. H. A small guard of enlisted men will be left at Jackson Barracks. Major John W. Williams, surgeon, will accompany the troops to New York Harbor. Major Harvey E. Brown, surgeon, will remain at Jackson Barracks. Par. 12. S. O. 202. Hdqrs. Div. of the Atlantic. Governor's Island, N. Y. C., Sept. 26, 1888

MAJOR HENRY M. CRONKHITE, surgeon, on being relieved by Captain Corbusier, will report for duty to the commanding officer, Little Rock Barracks, Ark., reporting by letter to the commanding general, Division of the Atlantic. Par. 10. S. O. 227. A. G. O. Washington, Sept. 29, 1888.

Leave of absence for one month, with permission to apply for an extension of one month, is granted Major Robert H. White, Surgeon U. S. Army. Par. 7. S. O. 199. Hdqrs. Div. of the Atlantic. Sept. 22, 1888. Governor's Island, N. Y. City.

By direction of the Acting Secretary of War leave of absence for six months, on surgeon's certificate of disability, with permission to leave the Division of the Missouri, is granted Capt. Ezra Woodruff, assistant surgeon. Par. 5. S. O. 223. A. G. O. Sept. 25, 1888.

By direction of the Acting Secretary of War Captain Washington Matthews, assistant surgeon, is detailed as a member of the Army Medical Examining Board appointed to meet in New York City, October 1st, 1888, by S. O. 203, September 1, 1888, from this office, vice major George M. Sternberg, surgeon, hereby relieved from his detail as a member of the board. Par. 3. S. O. 224. A. G. O. Washington, Sept. 26, 1888.

Upon the recommendation of Capt. Daniel Weisel, assistant surgeon, senior medical officer camp of instruction of the 5th Cavalry, Capt. J. Van R. Hoff, assistant surgeon, is assigned in charge of active operations of the Hospital Corps in that camp. Par. 2. S. O. 121. Hdqrs. Dept. of the Missouri. Fort Leavenworth, Kan., Sept. 22, 1888.

CAPTAIN GEORGE W. ADAIR, assistant surgeon, is relieved from duty at Fort Brady, Mich., and will report for duty to the commanding officer, Fort Robinson, Neb., reporting by letter to the commanding general, Department of the Platte. Par. 10. S. O. 227. A. G. O. Washington, Sept. 29, 1888.

By direction of the Acting Secretary of War the following named officers of the Medical Department will report in person, on the dates set opposite their respective names, to the president of the Army Medical Examining Board, Army Building, New York City, for examination for promotion: Capt. James C. Merrill, Asst. Surgeon, Oct. 16, 1888. Capt. George McCreery, Asst. Surgeon, Oct. 16, 1888. Capt. Richard W. Johnson, Asst. Surgeon, Oct. 9, 1888. Upon completion of their examination the officers named will rejoin their proper stations. Par. 5. S. O. 231. A. G. O. Oct. 4, 1888.

CAPTAIN WM. H. CORBUSIER, asst. surgeon, on being relieved by Capt. Taylor, will report in person to the commanding officer, Ft. Hays, Kan., for duty at that post, relieving Major Henry M. Cronkhite, surgeon, and reporting by letter to the commanding general, Dept. of Arizona. Par. 10. S. O. 227. A. G. O. Washington, Sept. 29, 1888.

CAPTAIN ARTHUR W. TAYLOR, asst. surgeon, is relieved from duty at Ft. Robinson, Neb., and will report in person, without delay, to the commanding officer, Ft. Grant, Ariz. Ty., for duty at that post, relieving Capt. Wm. H. Corbusier, asst. surgeon, and reporting by letter to the commanding general, Dept. of Arizona. Par. 10. S. O. 227. A. G. O. Washington, Sept. 29, 1888.

By direction of the Acting Secretary of War the following named officers of the Medical Department will report in person, on Oct. 9, 1888, to the president of the Army Medical Examining Board, Army Building, New York City, for examination for promotion: Captain Benjamin Munday, asst. surgeon, Captain Wm. O. Owen, Jr., asst. surgeon. Upon the completion of their examination to rejoin their stations. Par. 15. S. O. 225. A. G. O. Washington, Sept. 27, 1888.

By direction of the Acting Secretary of War leave of absence to include May 3, 1889, is granted Capt. George F. Wilson, asst. surgeon. Par. 14. S. O. 223. A. G. O. Sept. 25, 1888.

The resignation of Capt. George F. Wilson, asst. surgeon, has been accepted by the President, to take effect May 31, 1889. Par. 15. S. O. 223. A. G. O. Sept. 25, 1888.

LIEUTENANT OGDEN RAFFERTY, assistant surgeon, U. S. Army, will stand relieved from duty in connection with the division rifle competition, the 7th inst., and under par. 6. S. O. No. 2, c. s., Hdqrs. Div. of the Missouri, will return to his proper station, Ft. Clark, Texas. Par. 5. S. O. 95. Hdqrs. Dept. of Texas.

OFFICIAL LIST OF CHANGES AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE-HOSPITAL SERVICE, FOR THE FOUR WEEKS ENDED, OCTOBER 6, 1888.

SURGEON GEORGE PURVIANCE to proceed to Washington, D. C., for special duty, October 3, 1888.

SURGFON G. W. STONER detailed as Chairman of Board to select site for marine hospital at Evansville, Ind., October 5, 1888.

SURGEON C. B. GOLDSBOROUGH.—Leave of absence extended fifteen days on account of sickness. September 28, 1888.

ASSISTANT SURGEON SEATON NORMAN.—Detailed as Recorder of Board to select site for marine hospital at Evansville, Ind., Oct. 5, 1888.

ASSISTANT SURGEON J. B. FATTIC to rejoin station at St. Louis, Mo., October 5, 1888.

ASSISTANT SURGEON G. M. MAGRUDER to proceed to Way Cross, Ga., for special duty. September 15, 1888.

ASSISTANT SURGEON H. D. GEDDINGS to proceed to Camp Perry, Fla., for special duty. September 15, 1888.

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PHILADELPHIA MEDICAL TIMES.

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CLINICAL LECTURE.

BY PROF. WILLIAM GOODELL.

Delivered at the Hospital of the University of Pennsylvania.

Reported by Manley F. Gates, M. D.

GENTLEMEN: The patient I now present to you has a history of a tumor of the abdomen, which began eighteen months ago. She has been tapped at her home four times, and at each tapping there was removed about a gallon and a half of straw-colored fluid. The case has been diagnosed as one of ovarian cystic tumor.

I shall make in this case a simple exploratory incision to determine exactly the nature of the case.

Perhaps we shall find, as in a case on which I operated here last week, a small solid tumor with a great deal of abdominal fluid.

The instruments have been put in boiling hot water, with enough carbolic acid added to make the solution one of about 2 per cent. of carbolic acid.

I am obliged to cut down very carefully on account of the fact that intestines are lying in front—viz., floating up on the fluid. Now we are in the cavity, and there is an escape of several quarts of ordinary ascitic fluid. It is certainly not an ovarian cyst, but here seems to be a tumor that I touch with my finger; it has not, however, the pearly hue characteristic of ovarian cysts. It seems to be attached by a pedicle; so I shall enlarge the opening, and stop all bleeding.

The gentleman who sent her to me was inclined to believe that it was an ovarian cyst; but he is certainly mistaken, because here I feel the left ovary and here also the right, both being hardened and atrophied. Now I must be careful not to get into a scrape that I cannot get out of, so let me examine the tumor leisurely.

The intestines seem to be closely adherent to one another; there has evidently existed peritonitis resulting in numerous adhesions, making it a question what is the best thing to do.

Here is a strong membrane overlying the intestines, making a condition that I never saw before. The

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tumor is in fact made up of a mass of intestines adherent to one another.

There has been to begin with, a chronic peritonitis, which has produced this strong membrane lining every portion of the abdominal cavity, and fastening the intestines, as if in a bag, to the abdominal wall at a point just below the liver, and in several places to the liver itself.

The liver is somewhat enlarged; but I am not able to feel its concavity on account of the adhesions, some of which I am breaking up with my fingers.

This bag of false membrane seems to have drawn the mass of intestines to the upper part of the abdomen, leaving the lower part free.

I can easily strip it off in shreds from the surface of the peritoneum on which it lies.

There is nothing to be gained by trying to break up the firmer adhesions, as they do not interfere with the action of the bowels, so I shall insert a drainage tube and close up the abdomen. As the case is a serious one and the woman very feeble, I shall not add more than is necessary to the risk.

We now wash out the abdomen with hot water, being careful not to get it too hot. If the arm is able to bear the heat it will not injure the intestines; but the hand will stand a heat that would be too great. This washing out of the abdomen, or as I call it "the laundering of the intestines," seems to be rough treatment; but in reality it is very gentle. This paddling about of the intestines does no harm; it is clots or septic filth in the cavity that do harm. I have done it in many cases, both in hospital and private practice, and have failed to see any bad consequences. Four cases are now in my private infirmary, and all doing well.

Serum makes a good culture fluid for germs, and any admixture of blood makes it still worse. That is why we are so careful to stop all hemorrhage, and cleanse the abdominal cavity.

Now what are the results of chronic peritonitis treated in this way?

I have in mind two cases that recovered perfectly, the condition of the patients becoming more and more favorable, and finally perfectly well.

In one on which my son operated in February last, only the colon was free from a blanket of false membrane, and she has made a complete recovery.

While passing the sutures we place beneath the incision a large, flat sponge, called by the names "elephant's ear," "potters' sponge," and "zamoka sponge."

Now we may have left in the abdomen a pair of forceps or a sponge, an accident that has happened to some of the leading gynecologists, some 15 or 16 cases being on record. To avoid danger of this kind we should number our sponges and instruments beforehand, and carefully count them before closing the wound. The sutures are armed with a needle on each end and passed from within out, as this lessens the danger of wounding the intestines and makes the sutures more symmetrical.

Contray to the practice of some gynæcologists I include in the sutures the peritoneum, for this membrane unites very quickly, in fact in about 24 hours, and forms a shield to keep any pus which may form out of the peritoneal cavity.

The needles and sutures have been 6 hours in a 5 per cent. solution of carbolic acid, and the pedicle ligatures, which in this case I have not used, have been in 18 hours. In this case we see how easy it is to make a mistake in our diagnosis, as when first felt I thought it was a cyst. When the wound is closed I defy anyone to make a diagnosis by physical examination.

The sutures are protected by having the ends clamped with forceps. After the sutures are in we remove the sponges, leaving the cavity clean, and insert a glass drainage tube, first carefully sponging out Douglas' pouch.

This patient was prepared by having the bowels freely moved yesterday morning, an enema this morning, light diet, a bath and thorough cleansing of the pubic region, and the parts were then covered by a pad of carbolic lint.

When she was brought in here the pad was taken off and the abdomen washed thoroughly with bichloride solution.

After the washing, however, we do not use bichloride solution at all; for to avoid causing trouble it must be too weak to destroy germs, if such things

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as germs exist. I think that the day may come when we shall give up the use of all our antiseptics, with the possible exception of those used in midwifery practice, in which their success I must confess shakes my belief. Cleanliness, absolute, surgical cleanliness will be our great antiseptic.

Some very distiguished gentlemen are exceedingly successful without the use of antiseptics at all.

With such an emaciated patient as this one we should not etherize too profoundly. It is dangerous, and I would much rather see the patient squirm a little.

The wound is dressed with 50 per cent. iodoform gauze, and cotton that has been baked in an oven to sterilize it.

Over the drainage tube we slip a piece of rubber gauze, with a small hole in it, through which passes the end of the glass tube. This makes a perfect protective for the dressing.

Over the end of the glass tube we place some antiseptic cotton, either sublimated, carbolated, or salicylated, to catch the discharge.

The wound will be examined every two hours, and a small rubber tube passed into the tube, to draw off the fluid.

The patient will be given nothing by the mouth for 24 hours; she will have her thirst slaked by enemata of water, and if we follow our general rule, no opium. After 24 hours she will be allowed a gradually increased diet by the mouth, commencing with peptonized milk.

When she begins to pass gas by the bowel it shows that the crisis of inflammation is passed, and we can then give more food; it is the most welcome sound possible.

On the 6th or 7th day we shall move the bowels, and shall take the stitches out in a week. It is rare, if the dressing is well applied, to have any stitch abscesses; but they are far more common in fat than in thin women. As this woman is greatly emaciated we shall not expect to have any of them here.*

*This woman began to improve directly after the operation, and returned home very much better, after a stay of four weeks in the Hospital.

SURGICAL CLINIC.

MEDICO-CHIRURGICAL HOSPITAL.

BY WILLIAM H. PANCOAST, M. D.

(Reported by G. M. B., M.D.)

GENTLEMEN: The case presented first for our service is that of a pale girl child of eighteen months. The right foot, as you will note, is turned inwards, and the heel elevated so as to throw the palmar surface of the foot into an acute angle with the leg; the heel elevated by the "*tendo-achillis.*" In short, a case of so-called club foot—talipes—talipes equinus, from the angular deviation of the foot and the tendency to throw weight on the toes; "*talipes equino-varus*" — varus, because the foot is turned inwards; valgus, the foot outwardly turned. This distinction is easily remembered. On examination I find the two muscles of the calf unevenly contracted, as I suspected; this frequently being the case. A diagnosis of the unequal contraction of either of the two muscles, the *soleus* beneath and the *gastrocnemius* above, should be carefully made. The two muscles conjoin into one tendon, the "*achillis*," and unequal contraction of either of them affects very seriously the after-result of any operation. This point was first elucidated by my distinguished father, the late Prof. Joseph Pancoast, and has been demonstrated by me, both at the Paris clinic of the *Hotel Dieu* and at the London Hospital in England. However, the point has not been sufficiently developed in the history of surgery, and should, I think, to insure successful orthopædic surgery, be emphasized very decidedly.

On examination, I find — endorsed also by my distinguished friend, Dr. T. H. Andrews in his examination—the *soleus* muscle more tensely drawn than the *gastrocnemius*. This will make necessary the separation and division of the two muscles, or, after re-union of the severed tendon, the irregular pull of the muscles would re-institute the *talipes* deformity, as before.

I shall now, using this slender, arc-shaped tenotome, carefully, after previous puncture of the skin, introducing the flat thin arc beneath and between

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the muscles, separate them gently. Next, using a fine, thin, narrow tenotome of a straight axis, after preliminary skin puncture as before, I insert it carefully under the *tendo achillis* in its relaxed condition; the child being under chloroform and prone upon its breast. The foot I now slowly, firmly flex, bringing the tendon in contact with the presented edge of the thin, fine knife, and, as those standing nearest me may plainly hear, the tendon, with minute crackling sounds, is quickly severed. The hemorrhage is but trifling, and slight squeezing pressure eliminates all inconvenience from this source. You will speedily observe, gentlemen, the easily flexed latitude of motion of the foot. Now, to further eliminate the deformity of the sole of the foot and correct the "*varus*" condition, I proceed by the same method to sever the plantar fascia. It is not the deep dense plantar fascia which must be loosened by incision, but the superficial subcutaneous fascia of the sole, which seems to curve the lower surface of the foot and drag the member into its inwardly curved deformity.

Bear in mind that the bones are unaltered as yet in an infant of the age of the patient. However, as the patient grows, the continued pull of the dense tissues inwardly would cause the outer bones of the foot-arch to enlarge in their freedom, while atrophy or a standstill in growth of the inner bones would follow the pressure.

You will note the hemorrhage has ceased. The foot is readily brought to an acute angle with the leg, the palmar sole being flexible and softly arched.

Covering now the apertures in the skin with adhesive strips, which I coil, to provent strangulation, spirally about the leg, and lightly placing thereon carbolized oil lint, I envelop the foot thinly with cotton; and a "starch bandage" having been provided, I place it over an ordinary roller, carefully retaining the foot at a little more than a right angle with the leg. After drying in twenty-four hours, this bandage may be cut open by sharp strong shears, and thus a readily removable and replaceable shell of hardened supporting material is adapted to the case.

This starched bandage is a tolerable substitute for a metal apparatus, which, while expensive, should be, if posssible, applied to every patient to insure success.

Allow me to refer to the earlier stage of the operation and to state that, in the separation of the *soleus* and *gastrocnemius* muscles, no hemorrhage from the *posterior tibial* artery need be feared if the knife is turned carefully on its own thin axis and held flatly parallel with the median plane of the leg.

The child has now awakened from the anæsthetic, and may be removed by its parents to their home in the interior of the State, their family physician, Dr. Swartz, assuming the after-care of the case, which I must say I reluctantly relinquish.

The next case, gentlemen, is this frowning, pale, anæmic, cachectic man of thirty-five years of age, who, as he bares his right arm and right leg, shows a serious state of integumentary, if not deeper trouble. The ulcerated, copper-colored surface, with its inverted, cup-shaped depressions, many of them with nipple-like centres, discharging a sanious pus, cause us to suspect necrosis, bone disease of probably a specific origin. Probing these orifices as I now do, perfects the diagnosis. The bones—the *humerus* in the one case, the *tibia* in the other — are honey-combed, spongy, soft and filled with a sanious discharge.

The indications are, after etherization to cut down upon each bone, and with curette scraper, spoon and pincers remove the dead necrosed portions of the diseased bony structure, hoping with proper hygienic, medicinal, alterative, tonic medication to change and arrest the tertiary specific poison which is eating, in the shape of *osteitis*, into the patient's life.

This shall be done at a future hour, after the patient shall have been properly prepared for the operation, and a better state of affairs instituted.

The next case is this strong-nerved lad of twelve years of age, who, too near an explosion of fire-works, has received in his left eye probably some grains of powder, there being a foreign body visible on the surface of the cornea, a history of pain, friction and discomfort.

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On examination, I find near the inner edge of the cornea, a minute black particle which seems to have resisted all efforts of his own and other physicians to remove it. Laying the lad upon the table I pour into the inner angle of his eye, the *lachrymal poris*, a quantity of a four per cent. solution of muriate of cocaine. Rolling the head in the direction of the outer angle of the eye, the conjunctiva is floated with the anæsthetic liquid, and on being bidden, the lad, as you see, opens his eye-lid readily and painlessly, this having been impossible before.

Now, cansing a bright concentrated light to fall upon the eye, with a sharp-pointed straight bistoury I "dig out" the particle, which proves to be very minute and a smallish grain of gunpowder. There is no suffering, the lad, who, by the way, is of heroic mould, never wincing.

Now, instead of the usual ablution with cold water in all these cases, I prefer a small particle of ice, properly enveloped in cambric or old soft muslin, and applied to the eye. This much more rapidly and gratefully shrinks the enlarged capillaries and restores the eye-lid and surfaces to their normal uncongested condition of painless low temperature.

We shall now apply the ice, and after the granular lid, which condition has also been temporarily set up, has been combatted by suitable medication, the lad-patient and patient-lad will be entirely convalescent.

FREE INCISION IN STRANGULATED HERNIA.

BY BENJ. T. SHIMWELL, M.D.,
Lecturer on Minor Surgery Medico-Chirurgical College.

GERSTER, in his work on aseptic surgery, describing his method of operating for strangulated hernia, earnestly speaks of the open incision, that is, the laying open directly from above down of all the tissues through the external ring. This, he says, gives him not only the opportunity to see the bowel and its surroundings, but to judge of their condition; and gives more facility in replacement with less liability of injury to the already suffering part. He quotes cases to show that, by the old method of internal division of the external ring and drawing down the bowel before its return to the abdominal cavity, severe injury has been done to the constricted parts. The inability to make a thorough examination of the bowel is a further objection.

The value of Gerster's method was illustrated in a case upon which I was lately called to operate. I was sent for one morning about three o'clock to operate on a man for strangulated hernia. The history of the case informed me that he had had for a number of years a hydrocele. The morning preceding, on lifting a weight, he was taken with pain in the right groin, followed by a sudden increase in the scrotal swelling. He was brought home suffering intense pain. Reduction was attempted with no success, except the displacement of gas, which confirmed the diagnosis.

On examining the tumor by transmitted light it was found to be opaque, giving no signs of fluid. After etherizing the patient taxis was again attempted with no success. The patient was then prepared for operation, everything being made as antiseptically clean as possible.

On cutting down and opening the sac a knuckle of bowel was found, showing evidences of marked constriction. Besides the bowel there was a great mass of omentum that filled the scrotum —this latter condition being the supposed hydrocele.

After cutting the external ring and getting my finger into the canal, I found that the constriction was at the internal ring, the whole length of bowel in the canal being flattened. With this condition of the constricted bowel existing and the great protrusion of omentum, I thought that Gerster's method would be more expeditious in the reduction, and would afford a better opportunity to examine the parts.

I then carried my incision along the line of the canal, laying it open in its whole length, dividing both internal and external rings and the abdominal walls. I then had plenty of room. The bowel was easily examined and reduced without any trouble. On examining the sac and the omentum I found that during

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its retention for years in the scrotum adhesions had formed which precluded any attempt at its replacement. I then gathered up the loose omentum, ligating it sufficiently to cut off the circulation, and removed the protruded portion, which consisted of at least one-half of the whole omentum.

The parts were then carefully cleansed. The external and internal rings were brought together by suture, a drainage tube inserted and the tissues carefully approximated; then the ordinary antiseptic dressings applied and the patient placed in bed. On visiting the patient a few hours afterwards, I found the dressings torn off; but, notwithstanding this, union of the cutaneous surface took place by first intention. On the fourth day a discharge was noticed from the suture track on the upper part of the wound. The discharge kept increasing and the upper part of the line of union began to soften, and finally broke open. This gradually increased until at least half of the wound lay open, exposing the omental stump, which was gangrenous. I then divided the balance of the united surface to give free vent to the discharges and to obtain an opportunity to reach the necrosed tissue. After gradually getting rid of the diseased parts, I found that it was only the external surface of the stump that had necrosed. I removed all the tissue necessary, and pared the edges afresh, but, on examining the omentum, I found that the necrosis had extended to the external ring. After getting down to healthy tissue, I approximated the freshened edges of both the external ring and the whole line of wound, bringing the stump completely out and fastening it to the surface, with the happy result of getting good union over three-fourths of the lower part of the wound, including the stump. The upper part merely granulated. I am confident that the whole of the inguinal canal was completely blocked up, not only by union of its walls, but by the inflammatory adhesions of the omentum.

The temperature never rose above 101°, and that was reached but one day after opening the wound and giving the discharge free vent; the temperature fell to normal and remained so through to recovery. The bowels were moved on the fifth day by a drachm of Epsom salts without pain or inconvenience.

The recovery of this case is more remarkable after considering the difficulties encountered with a patient who gave no co-operation. The dressings had to be replaced twice a day; if they gave any inconvenience he immediately tore them off, despite all that could be done. He was for a few nights taken with restlessness, shouting, and persistently getting out of bed. This was inexplicable for some time, until we found out that he was getting unlimited quantities of whiskey surreptitiously. He had always been a heavy drinker, and with all these difficulties the results are notable.

I attribute the sloughing of the stump to the exposure of the wound to the external air through the drainage tube; yet every means were used at the time of the dressings to prevent any contamination of the parts. There was an erysipelatous blush of the skin over the right half of the abdomen. He had no peritonitis; pressure on the abdomen gave no distress.

This report is published to show what advantage can be got by free incision in cases of this kind, and how little inconvenience results from an incision into the abdominal cavity, which really converts a herniotomy into a laparotomy. The whole condition then lies before the eyes; we decrease the risk of injury to the inflamed gut; get the ability to break up adhesions; the facility of reduction; and if perchance necrosis of the bowel occurs, resection can be done or an artificial anus made.

How many cases have resulted in death after the operation, due to the condition of the bowel, which had never been seen, but which might have been saved if this method had been employed! The fear of opening the abdominal cavity has passed away, and if skill and cleanliness are combined, little danger is apt to arise. And if it does, it is counterbalanced on the average by better results obtained.

In this case, notwithstanding the removal of such a mass of omentum, and the stubbornness of the patient, but little constitutional distress was manifested. Here was a wound that by re-

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moval of the dressings was repeatedly exposed to the air. The close coaptation of the internal ring and the canal by suture, along with the abdominal wound, gave prompt union of the peritoneal surface, which excluded any infection of the abdominal cavity, notwithstanding the profuse discharge from the sloughing of the omentum, which extended towards the abdomen inside of the point of ligation. There was no burrowing of pus into the abdomen along the canal.

The change in the relations of the omentum within the canal by inflammation, entirely blocks the way for recurrence of the hernia; for in stitching up the canal, the omentum was included in the catgut sutures. Therefore better results were secured than if it had been possible to return the omentum within the abdomen.

The firmness of this barrier was evident, for in one night of the ten days subsequent to the operation, while his family were asleep, the patient got up and went down stairs to the front steps without the dressing on, and then was brought back to bed; without any injury resulting from such an effort.

ELECTRICITY IN THE DISEASES OF WOMEN.

BY G. BETTON MASSEY, M. D.

(*Fifth Paper.*)

INTRA-UTERINE GALVANO-CHEMICAL CAUTERIZATION.

(APOSTOLI'S OPERATION.)

(CONCLUDED.)

PRECAUTIONARY DETAILS.

There are certain things which should be methodically attended to before each separate operation to avoid the possibility of either a failure of its technical smoothness or a painful mishap to the patient.

Examination and Arrangement of Apparatus.—The operator should, first of all, be sure of the perfect working of his battery. If he has an incandescent circuit at command, or a well-connected Law or Leclanche battery, he need not trouble himself on this score. With a less perfect battery the strength and perfect working should be tested by joining the terminal poles directly, gradually immersing the controller, and noting the effect on the meter. If an acid battery be used all the cells should be put into action and tested in this way.

(2). While testing the battery the freedom of motion of the meter needle should be noted. And if it does not come back exactly to zero the instrument should be leveled accordingly.

(3). The test being satisfactory, *the controller should be reversed until the circuit is entirely broken* in readiness for the operation.

(4). Examine the conducting cords to see if there is not a break somewhere. The one attached to the lead plate requires particular attention.

(5). Determine upon the proper curve required in the sound and the extent of surface to be left uncovered at its end.[1]

Then heat the end of the sound in the flame of an alcohol lamp and gently fuse the shellac over the distal third of the insulated part, noting that there is a sufficiency of the material to repair all breaks and weak spots. After it has cooled examine it critically in a good light to see if the covering is perfect.

(6). Arrange the gynæcological table or couch so that it will be convenient to hold the sound in place with the left hand, leaving the right hand to manage the current controller.

Preparation of Patient.—The patient should be assured that the operation will not give her excessive pain, and may even give her no sensation beyond a slight burning. She should be warned of the necessity of keeping absolutely still to avoid shock by disarranging the electrodes or wires. Enjoin her to notify you if she feels pain and assure her that you will instantly lessen the current if the pain causes suffering. A free evacuation of the bowels previously assists the introduction of the sound. As a rule the flushing of the vagina with a permanganate solution on arising in the morning will be a sufficient antiseptic precaution.

[1] The cases of atresia reported by Apostoli as occasionally consequent upon the operation were probably due to leaving too much of the sound uncovered, as it appears from his published directions that he never insulates beyond the os. The cervical canal should almost always be protected leaving the cavity of the body only exposed to the cauterization.

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She should remove the corsets and loosen all bands about the waist.

If there are any pimples or abrasions on the abdominal surface they should be covered with pieces of paper smeared with vaseline or lard on the side in contact with the skin.

THE OPERATION.

Besides the operative preparations just detailed, on the exact disposition of which successful results largely depend, Apostoli has divided the operation itself into three stages: the initial stage, the middle stage, and the end. As it is an excessively technical procedure and abounds in positions that demand an exact adherence to rule as the price of immunity from accidents, the distinct separation of these stages should be freely conceded and an additional stage also recognized as part of the operation, that of placing the electrodes. The following description of these several stages is intended to apply to the apparatus and instruments advocated in this work.

Placing the Electrodes.—(1) Apply the clay as already described, being sure that it is soft enough to exude beyond the meshes of the tarletan, and lay the lead plate upon it. Attach the cord or wire of the plate to the binding post of the pole that is desired to be indifferent. If an absorbent cotton pad is to be used in place of the clay, it is applied in a similar manner, an abundance of moisture being used.

(2) Insert the intra-uterine electrode as any other sound is inserted, using all the precautions recommended in the passage of the instrument. *Forcing of any kind is to be absolutely avoided.* If the calibre is too small for an electrode of the ordinary size a smaller one is to be used. In some cases of intra-mural fibroids it is extremely difficult to find the os owing to the extensive alterations of the uterus; in others the sharp flexures produced in the canal by the presence of the growth render repeated attempts necessary before gaining entrance. Gentleness and patience are essential, and if entrance has once been gained by the most filiform instrument a positive cauterization will make subsequent introductions easy.

As a rule the sound is to be passed by touch and without the aid of a speculum. No one who has become expert at this method will readily return to the use of the speculum; as the sound, guided by the finger, becomes to a certain extent an elongation of that member, conveying intelligence with great readiness and certainty. In cases of difficult introduction it may be necessary to use a speculum and tenaculum; but both should be removed after placement has been secured, leaving the electrode to be grasped firmly by the hand during the passage of the current.

(3) Glance at all the switches and connections, noting that they are tight and in order; and noting particularly that the controlling places are entirely out of the water.

(4) Attach the cord of the pole that is to be active to the intra-uterine electrode and grasp the latter with the left hand, the index finger being within the vagina.

Initial Stage.—Turn the current on slowly at the controller with the right hand, until a slight sensation has been felt by the patient, or until 40 or 50 ma. are shown by the meter. A pause may now be made for a moment, followed by another gradual increase of ten or twenty units. As a rule, 60 or 80 ma. will suffice for the first treatment, or even less if the patient is nervous. The increase is always productive of more sensation than the steady action of the current; hence it should be exceedingly gradual. The eye meantime, as advised by Apostoli, is alternately fixed upon the meter and the patient's countenance, to detect the first sign of intolerance of the pain as well as follow the current increase. From the moment the current has been turned on, the apparatus and patient should be kept immovable, with the exception that the active electrode may be slowly moved in such a manner that all parts of the endometrium are brought under its action. These slight movements are always productive of some pain. No pressure should be used for fear of puncturing the uterus, an accident that the current action facilitates.

The Middle Stage.—Having reached the current strength desired in the case, or the lesser amount that seems to be the limit of easy tolerance, the controller is held at its position for a period

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varying from five to ten minutes. The average of five minutes adopted by Apostoli agrees in the main with the author's practice. In some cases we are compelled to retire after four minutes, and even three minutes' duration when 250 and 300 ma. have been attained; in others continued tolerance permits an extension of the time beyond five minutes; but it is never wise to produce so much local destruction of tissue in any but the more intractable cases.

The End.—The period during which it is desirable to continue the current having expired, the action of the controller is slowly reversed, bringing the needle of the meter back to zero. The decrease of current must be as gradual as the increase, as suddenness in either change gives rise to shock. After the needle of the meter has come to zero, the circuit is broken at some point, and the sound gently removed by carrying the handle up over the pubes in the ordinary manner. The lead plate and the clay are now removed, and after the abdomen has been cleaned, the patient is ready to rearrange her clothing.

AFTER THE OPERATION.

It is usually best to have the patient rest a while before going home, if the operation has been performed in the office and a strong current used; but if a means of conveyance home without walking is handy, this precaution is frequently unnecessary. *In every case*, however, *where at least a hundred ma. has been used, she should lie down immediately on reaching home and remain inactive during the remainder of the day.* It is well to tell her plainly that a neglect of this precaution may cause a serious inflammation, entailing much discomfort upon her. As a necessary consequence of the operation, she must look for a more or less slight sanguineous discharge during the day and evening, becoming the next day in some cases sero-purulent. I have, however, frequently given as high as 250 ma. without causing a discharge to persist longer than the first day, and the method detailed in these pages for the protection of the cervix renders the discharge less likely to become purulent. The patient should be warned also that colicky pains may be felt during the day or evening, as otherwise their advent might cause uneasiness. Rest will prevent or diminish these as a rule; but if persistent, the application of dry or wet heat to the abdomen should be advised.

In all cases an antiseptic vaginal injection should be directed once or twice a day, and if the patient is married, the cessation of marital intercourse should be specially enjoined. Apostoli inserts an antiseptic vaginal tampon after the operation; but I have found this precaution unnecessary.

THE CURRENT STRENGTH AND DURATION.

As the conditions in which intra-uterine galvano-chemical cauterizations are advisable vary from a slight but persistent endometritis of an otherwise normal uterus to the most extreme case of uterine hypertrophy, hemorrhage or abnormal growths, so the efficient dosage varies through an even greater gamut of change, additionally influenced as it is by the individual idiosyncrasy as to pain. Where the hypertrophy is great, and especially where the uterus participates in the growth and abnormities of an intra-mural tumor, the strength is to be limited only by the easy endurance of the woman, as it is pretty clearly established that the total effect depends more on the number of milliamperes in circuit than upon the duration of the application. It is true of course that the actual amount of electrolysis produced by, say, 200 ma. in 5 minutes, can be secured by 50 ma. in 20 minutes, but the effect in the latter case would differ nevertheless, for it would be entirely lacking in a powerful action within the inter-polar region which is depended on to influence the contractile tissue not directly influenced by the cauterization. It should be remembered also that mere electrolysis does not describe the action obtained and that the *caustic* effect of slowly liberated chemicals does not compare with that of a liberation *en masse*. 200, 250 and 300 ma. are, however, to be reached only after the tentative use of weaker currents.

On the other hand, slight cases of subacute or chronic endometritis unaccom-

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panied by hyperplasia may be effectively treated and quickly cured by applications of 20 or 30 ma. for five minutes, and such being the case it is manifestly improper to subject the patient to a more heroic treatment. In cases of hysterical or neuralgic pain in which it is thought wise to use intra-uterine galvanic applications, even greater circumspection should be used, for cauterizations should be gauged primarily to the amount of organic disease present. I have already shown in a previous chapter that there is no way in which currents of more than 20 to 30 ma. can be applied to the inner surface of the uterus without local action, the fancied protective virtues of a cotton-covered intra-uterine electrode being delusive.

It is a safe rule, therefore, to gauge the dose to the amount of organic change within the uterus or in tumors closely attached to it, subject to modification at any moment on the appearance of pain.

As to the duration of an application not interrupted by the appearance of pain, I have every reason to commend Apostoli's rule of five to ten minutes as an average for the whole operation, rarely prolonging the middle stage beyond three minutes. Given a large hypertrophy or tumor and easy tolerance of the current, it is better to extend the current, increase rather than diminish its duration, as there is less risk of producing breaks in the cuticle of the abdomen, and the resultant burns.

THE QUESTION OF PAIN.

With an even and unbroken current flowing from a good battery through a controller, and through tightly-screwed cords and binding posts, as much as 300 ma. may be given without actual pain of any kind. The broad abdominal electrode rendering that pole non-painful, the only seat of painful concentration is at the active pole, and the uterus is fortunately analgesic as a natural trait. The patient should nevertheless be told to expect some pain, for there is likely to be an unpleasant excitation of the sacral plexus by the current spread, besides the sensation of warmth on the abdominal surface. Some women complain of the sacral excitation very decidedly, especially if the uterus is situated at the back of a morbid growth; in such cases a little pressure will carry the exposed end of the electrode a little higher and more anterior, with a decided lessening of the sensations. Such pressure should, however, be made with great circumspection, as the softened tissue of the uterine body at the active end of the electrode is very easily pierced after the current has flowed for a time.

The appearance of real pain should always be accepted as a sign for current reduction, and should lead to an immediate cessation of the treatment by a gradual reversal of the controller, for the following reasons:

(1) If the pain is distinctly uterine in seat, it is indicative of the presence of a perimetritis or an acute metritis, in the presence of either of which the operation is contra-indicated. It is sometimes difficult for the patient to distinguish this peri-uterine pain from the intestinal colics occasionally provoked, and its recognition must depend somewhat upon the objective evidences gained in the preliminary examinations.

(2) If the pain consists of a sharp burning, concentrated at some spot on the abdominal surface, it is indicative of a break in the cuticle, and a continuance of the current would only develope an ulcer, that would interfere with subsequent operations. This accident is particularly liable if the cotton or clay is too thin, or has been permitted to become too dry.

(3) Pain at the vulva or within the vagina indicates a leakiness or insufficiency of the insulating cover, an accident that previous inspection of the active electrode should guard against.

FREQUENCY OF OPERATION.

Three times a week is as often as this operation can be performed with advantage. If undertaken daily, the progress is likely to be checked and unfavorable symptoms arise, such as continued tenderness and augmented discharge. In many cases the local irritation within the uterus has quite subsided by the second day. If, however, time be not an important consideration, twice or once a week gives excellent results.

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CONTRA-INDICATIONS.

These operations are contra-indicated under the following circumstances:

(1.) During the menstrual flow.

(2.) If there is an acute metritis or peri-metritis.

(3.) If the woman is pregnant.

A performance of the operation during the existence of an unsuspected pregnancy would be particularly unfortunate, as abortion would certainly result. To guard against this, careful questioning, as well as an examination, to detect softening of the os, should be made.

TRANSLATIONS.

HEDWIGIA BALSAMIFERA.

In *La France Médicale* we find a paper, by Gaucher, Combemale and Marestang, upon the physiological action of this plant; a tree of the Terebinthaceæ, growing in the Antilles. The effects produced by the administration of this drug were:

1. Rapid and considerable lowering of the temperature.

2. Paralysis, affecting first the posterior parts of the body (of guinea pigs) and extending to the rest of the body; accompanied by generalized convulsions, dilatation of the pupils and ejaculation.

3. Vaso-dilative phenomena, appreciable upon the ear.

4. When the intoxication is mortal, death is preceded by irregularity of the respiration and by cardiac paresis.

The only necroscopic lesion is a congestion, visceral and especially pulmonary, the more marked as death occurs more rapidly. Hedwigia balsamifera is then a nerve poison, lowering temperature, paralyzing and convulsant, whose effects proceed from the lower part of the cord up to the bulb.

The active principle is an alkaloid; which produces the same symptoms as those detailed above, which were due to the extract. There is also a resin, which is much more toxic, producing hypothermia and ascending paralysis, but no convulsions.

LEMONS FOR TYPHOID FEVER.

Tourneux, in *La Normandie Médicale*, recommends the following: Three lemons at least, each day, are cut up and macerated in two to three litres of water which has been boiled and allowed to cool; sugar added *ad libitum*, and three ounces of good cognac. After two hours' maceration the lemonade is to be filtered through a fine linen cloth. This is to be given in small amounts whenever the patient is thirsty, so as to keep up an acid reaction in the small intestine.

Besides this, a saline purgative is to be administered: (1) When the temperature rises above the preceding day. (2) When the quantity of the stools or their putridity is increased. (3) When meteorism is present.

The results are said to be very encouraging.

CARDIAC TONICS.

Prof. Eichhorst, of Ziirich, has made comparative observations on strophanthus, digitalis, caffein, spartein, adonis vernalis and convallaria majalis, and arrives at the following conclusions:

1. Digitalis and strophanthus both control the heart in the same manner, slowing, regulating and toning up its activity, and thus under certain circumstances increasing diuresis.

2. Digitalis acts more rapidly and on the whole with more certainty than strophanthus.

3. Strophanthus is superior to digitalis in that it does not develop cumulative effects. After six weeks' use its favorable effect upon cardiac contraction was shown by sphygmographic tracings. In some cases it acted more favorably than digitalis.

4. Spartein sulphate has only a weak and unimportant action on the heart, and exerts no influence upon the renal functions.

5. Caffein has still less action on the heart than spartein, but is an excellent diuretic.

6. Adonis and convallaria are unreliable in their effect upon the heart and kidneys, and in addition often cause nausea and vomiting.

In connexion with these clinical observations, reference may be made to the pharmacological and chemical researches of MM. Catillon, Blondel, Bardet and Adrian, who have shown that the strophanthus found in the market

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differs very widely in the proportion of strophanthin contained in different specimens. In ten varieties examined by Catillon the proportion of strophanthin varied from 2 to 50 per mille. It is very probable that the divergent results obtained by different clinicians are due to the uncertainty of composition as shown by the researches mentioned.

ERYSIPELAS AS A REMEDY.

Paul Bruns (abst. in *Ctbl. f. Chir.*) gives a summary of all the cases reported in which erysipelas resulted in a cure of morbid growths. There were 5 sarcomas, of which 3 were cured; the remaining two were reduced in size, but afterward grew rapidly to their former size. In 6 cases in which the diagnosis between sarcoma and carcinoma was not positive, the erysipelas failed to produce cure. Three ulcerated epitheliomas also resisted the erysipelatous inflammation. Two cicatricial keloids and "several" lymphomas were cured by the erysipelas. Fehleisen inoculated the erysipelas coccus in five cases, with partial success. Jahnicke cured one case of carcinoma of the mamma by inoculating the erysipelas germ.

ELEPHANTIASIS.

Helferich (*Deutsche Med. Wochenschr.*) reports a case of elephantiasis in which he excised strips of skin with the subcutaneous fat, and stitched the border of the longitudinal wound. Healing followed rapidly. Daily application of the induced current, massage and bandaging of the extremity resulted in restoring the use of the extremity.

MALARIAL ORCHITIS.

Le Dentu and Charcot (abst. in *Ctbl. f. Chir.*) refer to a form of orchitis observed by them in the tropics, which they attribute to malarial influence. The inflammation begins suddenly with high fever, which is remitting or almost continuous; but yields in two or three days to quinine. The pain also diminishes after the quinine is given. The testicle atrophies.

HYDROCELE.

Hertzberg (abst. in *Ctbl. f. Chir.*) gives a statistic of hydroceles operated by Volkmann's method. Of 130 cases, 3–4 per cent. recurred; while of 299 cases treated by iodine injections, 8 per cent. relapsed. The average duration in hospital after Volkmann's method is $16\frac{2}{3}$ days.

RESECTION OF INTESTINE.

Hofmohl (*Wien. Med. Presse*) has resected the intestine ten times, with three deaths. Of the cases which recovered, three were for neoplasms, three for fecal fistula, and one for cicatricial stricture. The three deaths occurred after operation for fecal fistula, internal strangulation and volvulus.

RECTAL CANCER.

O. Hildebrandt (abst. in *Ctbl. f. Chir.*) gives a statistic of carcinoma of the rectum observed in König's clinic in Göttingen. The total number of cases was 69, of which 22, or 31.7 per cent., were in women. Two cases were epitheliomas of the anal margin. All the rest were of the cylindrical cell variety. Fifteen of the cases were too far advanced for operation. Of the 54 operated on, in two there was extirpation of growths of the anal margin; in 13 extirpation of the rectum, including the sphincter, and in 39 extirpation of growths situated higher in the gut, with preservation of the sphincter, and 11 cases with extirpation of the coccyx. The peritoneum was opened fifteen times. Thirteen times the peritoneal incision was immediately sutured, and twice drainage was resorted to. Twenty, or thirty-five per cent. of the cases died as a direct consequence of the operation. Most of the deaths were due to infection, fecal phlegmons, peritonitis, etc.

While the operation gives a fairly favorable result so far as the disease is concerned, the condition of the patients is a deplorable one. There is either incontinence of feces or cicatricial stenosis of the gut after the operation.

As a contrast to the results of rectal extirpation, those of colotomy in 19 cases are given. The dangers of the operation are small, and the comfort of the patient much greater than after the former operation.

DRAINAGE TUBES.

Javaro (*Ctbl. f. Chir.*) proposes to harden rubber drainage tubes by im-

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mersing them in concentrated sulphuric acid for five minutes, then washing them in 75 per cent. alcohol, and afterward preserving them in an antiseptic solution of five per cent. carbolic acid, or 1 to 2:1000 corrosive sublimate solution until wanted. They maintain their rounded shape and proper calibre even under considerable pressure.

INGROWING NAIL.

Dr. Hoffman, (*Int. Klin. Rdsch.*), treats ingrowing toe-nail as follows: The toe is first thoroughly washed with an antiseptic solution. A few drops of liq. ferri chloridi are then applied to the granulating surface, the nail slightly raised, and the solution allowed to dry. After two to three days the scab is removed, and the application of the solution repeated. In a few days the edges of the nail become brittle and can be cut away with a fine scissors or blunt knife. To prevent a return of the trouble thin shavings of cork are inserted under the nail-border.

Dr. De Viti Demarco (*La Riforma Medica*) has used with good effect tannin in combination with creasote in tuberculosis. His method of administration is as follows:

℞ Acidi tannici.....3i
Creasoti.....gtt.ij
Glycerini,
Alcohol...āā q. s. ft. pilulæ no. viij.
S.—One pill every two hours during the day.

The effects are diminution of expectoration, decrease of fever and cough, and increase of weight. The medicine had produced no unfavorable effects in the cases in which it was tried.

Grätz (*Münch. Med. Wchschr.*) recommends strophanthus in cardiac weakness coming on in febrile diseases, especially pneumonia. The dose is ten drops three times a day. The pulse becomes fuller and stronger, irregularities disappear, the rapidity somewhat diminished and the frequency of respiration decreases. No unpleasant symptoms can be ascribed to the medicine.

Cramer (*Münch. Med. Wchschr.*) has used sulfonal 407 times in 49 cases of mental disease. In 92 per cent. of the administrations sleep lasting five or more hours was obtained. Sleep generally followed in fifteen or thirty minutes after the administration. The dose was usually thirty grains. No unfavorable effects were noticed. The remedy was usually given in wafers.

At the Leipzig Maternité, Obermann treats placenta previa by combined version and slow extraction. The results in 49 cases were 2 deaths of mothers and 30 of children. After delivery, the uterus is washed out with three per cent. solution of carbolic acid.

Eichhorst (*Ctbl. f. Med. Wiss.*) reports a family in which diabetes occurred in all the males in four generations. Saccharin is a useful substitute for sugar; but should not be used too freely. Arsenic is sometimes of value. Antipyrine is of no value. A Carlsbad cure is often successful.

A case of diabetes insipidus was cured by tinctura ferri acetatis. In another the quantity of urine was reduced to the normal by 75 grains of antipyrine daily.

Salkowski (*Deutsche Med. Wochenschr.*) recommends chloroform-water as an antiseptic. It is prepared by shaking up half an ounce of chloroform in a quart of water. In this proportion the chloroform is nearly entirely taken up by the water. The chloroform water inhibits the development of micro-organisms, but has no influence upon the normal ferments of the body. (It is worth trying in cases of fermentative dyspepsia or bowel troubles).

Stintzing (*Munch. Med. Wochenschr.*) has tested the diuretic action of calomel in 19 cases of dropsy. In 11 the results were favorable; in 8 negative. The dose is three grains three times a day for three days. In some cases the administration may be continued for twelve days.

Aufrecht has reported a case of nephritis lasting twenty years. Albumen was always present in the urine, and there was frequently hematuria, generally in connection with anginas. At the autopsy the kidneys were white, coarsely granular and atrophic.

Dr. Cortezas (*El Siglo Médico*) reports three cases of Bright's disease treated with fuchsin. The œdema and albumen disappeared rapidly in all three of the cases.

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HOSPITAL NOTES.

(Reported by Dr. P. S. Donnellan.)

PENNSYLVANIA HOSPITAL.

Packard recently operated for scirrhus involving the entire left breast and axillary glands. The tumor presented the characteristic stony hardness, and was firmly attached to the surrounding tissues. The integument was intact, but of a deep purple color; and an interesting feature of the case was that there was no retraction of the nipple. Two elliptical incisions were made involving the entire gland. Stress was laid on the importance of not using the fingers too much in detaching the tumor. Bleeding vessels were tied or twisted, and the exposed wound was irrigated at frequent intervals with weak bichloride solution (1 in 2000). A rubber drainage tube was inserted and shotted "retraction sutures" of silk-worm gut were employed, ensuring perfect apposition of the edges of the wound, which was dusted with iodoform and dressed antiseptically.

UNIVERSITY HOSPITAL.

Prof. D. Hayes Agnew, in a recent lecture on the treatment of "Cold or Chronic Abscesses," said: Formerly they were regarded as incurable, and were generally left alone as long as possible —the bursting of the abscess being delayed, as it was always attended with severe constitutional disturbance. Air being admitted to the cavity, which was lined by a pyogenic membrane, or "pus producing" structure, a process of suppuration was set up which generally ended in the death of the patient. The results were so unsatisfactory that the French surgeon, Dupuytren, devised what is known as the "valvular incision," which had for its object the prevention of external air being admitted.

This method was abandoned for the aspirator, a very neat way of dealing with these troublesome affections. But it does not effect a cure, as the cause, which is generally diseased periosteum or bone, must first be removed. The introduction of antiseptic surgery has revolutionized the treatment of cold abscesses, which are now operated on as if acute.

Free incisions are made with strict antiseptic precautions, the contents are emptied, the cause is sought for and removed, the cavity washed out with a weak solution of bichloride of mercury (1 in 3000), in order to encrust the "pus producing" membrane with an aseptic film. A drainage tube is inserted and the wound dressed antiseptically. The cavity shrinks, the area of pus production is diminished, the patient improves rapidly and the abscess is converted into a sinus, which closes after a time.

Constitutional treatment is of the greatest importance. Iron, quinine and vegetable tonics must be administered in conjunction with a nutritious, easily digested diet; and if stimulants are indicated, they must always be prescribed with milk and never by themselves.

Wood showed a case which served to illustrate the mental condition known as the "delusion of persecution." The patient was aged twenty-six years. Three months ago he began to be suspicious of those surrounding him, and imagined they were trying to ruin him. On all other points he was perfectly sane. Wood considered the man dangerous, and thought it a case for an asylum, as in an advanced condition of this disease patients have frequently attacked and murdered their supposed persecutors.

A patient aged forty-two, a painter by trade, was next shown. He gave a history of lead colic two months ago, followed by left hemicrania. His wife said that at night her husband imagined he was the object of Divine wrath, and that by holding his hand over his mouth and praying he could avert the anger of Providence. His condition in the day-time was perfectly sane. Wood considered that the history of plumbism had a most important bearing on the cause of the delusion, and ordered the following line of treatment:

1st. Narcotics—chloral or sulphonal —to promote sleep.

2d. Iodide of potassium, with sulphate of magnesia, for the purpose of eliminating the poison from the system.

PHILADELPHIA HOSPITAL.

Porter operated on an interesting case of abscess of the abdominal wall in a man aged 45. Four months ago, while engaged in lifting a heavy weight,

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he felt something "give way" in his epigastrium. At that time he suffered no inconvenience, until three weeks ago, when a swelling appeared, painful on pressure. It grew rapidly until the date of operation, when it measured seven inches in length by six in breadth. The integument presented a deep purple color, and at the highest point of the tumor was an orifice from which oozed a bloody serum. There was only slight constitutional disturbance. An interesting point was that the tumor had an expansive pulsation synchronous with the wrist pulse. There was, however, no aneurismal bruit heard on auscultation. A vertical incision was made in the skin, about three inches in length, the deeper structures being carefully divided on a director. A cavity was soon reached which discharged an enormous quantity of blood and pus. It was found that the abscess was connected with the right lobe of the liver, into which the finger could be passed for a depth of three inches.

UNIVERSITY HOSPITAL.

Osler, in his clinic, illustrated the difference between progressive muscular atrophy due to anterior cornual myelitis and that resulting from an idiopathic muscular degeneration, by two cases—the former in a colored man aged 55, and the latter in a boy aged 15. He contrasted the cases as follows:

	SPINAL.	MYOPATHIC.
Age—	Always a disease of adult life.	Always occurs in youth.
Mode of onset—	First attacks muscles of hand.	Muscles of face first affected.
Heredity—	Marked.	Rare.
Lower limbs—	Attacked in later stages.	Rarely.
Hands—	Always involved.	Never.
Treatment—	May arrest disease, but never cures it.	Recovery is the rule.
Post mortem—	Degeneration in anterior cornua of grey matter.	No spinal changes ever found.

HEREDITY OF CANCER.

Le Roux, of Montreal, gives in *L'Union Méd. du Canada*, the history of a family in which a mother, son and great-grandson died of cancer; the grandson having escaped so far, and being now about 57 years old.

Professor Agnew has resigned the Chair of Surgery at the University of Pennsylvania.

SOCIETY NOTES.

Philadelphia County Medical Society, October 17, 1888.

This being the quarterly business meeting, a larger attendance than usual was present.

It was announced that there are now 520 members in the Society, which is consequently entitled to 52 delegates to the American Medical Association and 104 in the State Medical Society.

The following nominations were made for officers: President, W. W. Keen; Vice Presidents, F. H. Gross, J. H. Musser and J. B. Roberts; Secretary, S. S. Cohen; Assistant Secretary, A. C. W. Beecher; Treasurer, L. K. Baldwin; Censor, H. St. Clair Ash.

The business was conducted with languor, the utmost indifference being manifested as to the honors of the society.

The following were elected members: G. F. Baker, U. P., '87; A. W. Biddle, Jeff., '79; H. C. Deaver, U. P., '85; C. Fitzpatrick, Jr., U. P., '87; W. J. Holly, U. P., '86; C. H. Risk, U. P., '77; Ida E. Richardson, Women's, '79; S. B. Shoemaker, U. P., '86; J. S. Stewart, Med. Chi., '85; R. H. Zaüner, Jeff., '85.

Among those reported favorably by the Censors were Drs. Mary E. Allen, Anna Broomall, Hannah T. Croasdale, Clara Marshall and Frances Emily White. It is noteworthy that the opposition to the admission of female physicians seems to have utterly collapsed with the success of Dr. Willitts.

Zinis has used potassium iodide in capillary bronchitis. It is given in doses of 7 to 20 grains per day, according to the age of the patient. Dry cups and flying blisters may be combined with the internal medication.

Five Medical Congresses will meet in Paris next year. They are: 1, The Congress of Dermatology and Syphilography; 2, of Hydrology and Climatology; 3, of Hygiene; 4, of Physiology; and, 5, of Therapeutics.

Chouppe has used with success hypodermic injections of 15 grains of antipyrine in menstrual uterine colic. A smaller dose would probably be equally efficient.

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PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA. NOVEMBER 1, 1888.

EDITORIALS.

MACKENZIE AND HIS ADVERSARIES.

In our last number we gave an abstract of the chief points embraced in Mackenzie's book, as reported through the secular journals. The publication has aroused a furious storm in Germany, where the book has been seized by the police, and its circulation forbidden.

This is manifestly wrong. Whatever the views expressed by the author, the strictures upon him and his conduct of the case by the German surgeons fully warranted Mackenzie in striking back. And strike he has, in right good English fashion, straight out from the shoulder, with a vigor which shows how an Englishman can fight when he is cornered. While his adversaries were allowed every latitude in attacking him, the refusal of the Prussian government to give him access to the same documents which were at the disposal of the others, and the effort to prevent the circulation of his answer, are so manifestly unfair as to arouse a feeling of sympathy with the oppressed party. Surely, if he were so far in the wrong as the German surgeons affirm, they should be able to show it to the world without denying the man a fair hearing. If they cannot do so, they confess to a stupidity which lends color to Mackenzie's charges of incompetence.

The objection which Mackenzie makes to the physicians in attendance upon the then Prince, that they were not laryngologists, appears to us to be well taken. In such a case the necessary manipulations require the skilled hand of a specialist.

His further contention that the German surgeons should have retired from the case if they disapproved of his treatment, and that they shared the responsibility by remaining, cannot be gainsaid.

But when he goes on to attribute the cancer to Gerhardt's treatment, in applying the galvano-cautery to the laryngeal growth daily for twelve successive days, we must say we believe the inference is unwarranted. Though the instances he cites of the development of cancer in parts exposed to heat may be correct, in these cases the exposure is for long periods, years at least, and in no instance is there a record of anything like so short a causative period as twelve days, as far as we know. In fact, we look upon this whole passage as intended to make capital with non-medical readers, rather than to impress the profession.

The criticisms upon Bramann's operation and his awkward use of the laryngoscope appear rather ungenerous, but were fully warranted by the attacks upon Mackenzie.

There was evidently a sad bungle over the tracheal tubes, and according to his own showing Mackenzie was as much to blame as the others. For if he knew that the use of the German tube was not only irritating the posterior wall of the trachea, but rendering the track unfitted for the subsequent use of his own tube, he should either have let the first tube alone or have devised another which would suit the condition present. This, as a laryngologist of rare skill, and the only one in attendance, it was clearly his duty to do.

The final scene, when he says that Professor Von Bergmann plunged his tube into the cellular tissue in front of the larynx, instead of the trachea, is most graphically detailed. If the ac-

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count be correct, it was a tragedy. But Von Bergmann denies the truth of this report. Besides this, Mackenzie describes the wound as discharging quantities of pus on the next day; in fact, the suppuration was so profuse that, on pressing the hand upon the neck below the wound, the pus welled up. Such a state of affairs could hardly come on in a single day after the causal injury.

Perhaps the judgment of the world will gravitate to something like this: The Germans were correct in their pathology, and the disease was cancer from the beginning; and the best chance for a permanent cure would have been afforded by a more or less complete removal of the affected larynx, provided the patient survived the exceedingly dangerous operation.

But they were little skilled in the delicate manipulations required by the laryngoscope, and their clumsiness, in contrast to the deftness of the specialist, destroyed the authority to which their learning entitled them. They looked with the same contempt on Mackenzie for his pathology which he exhibited for their awkward handling.

For these reasons there was much unseemly contention around the bed of the unfortunate monarch, whose best interests would have been served by the dismissal of one party or the other. But royal patients are like angels' visits, and neither party would retire. Hence the patient dies, and the profession is disgraced by a wrangle which cannot fail to lower it in the minds of intelligent people in every country. Had our much abused code of ethics been adhered to, the contending parties would have submitted their differences to the proper authorities, who should have decided whose course was to be followed. The other party should then have retired from the case and awaited the result for their justification. No better illustration could be given to show that the code of ethics is designed to protect the interests of the patient and the dignity of the profession.

ON THE EARLY RESORT TO OPERATIVE TREATMENT IN OBSTRUCTION OF THE BOWELS.

THE result of the discussion at the recent meeting in Washington, upon the subject of the treatment of obstruction of the bowels, may be summed up in the statement that opening the abdomen should be resorted to as soon as evidences of failing strength appear in the patient. Even when the exact nature of the obstruction is not manifest, it is claimed that laparotomy, when properly performed, is comparatively free from danger, and justifiable even when simply performed to establish a correct diagnosis, where the nature of the obstruction is a matter of doubt.

While this is a correct statement of the best surgical practice of the day, and, by pursuing it, lives have been saved in skilful hands, we would hesitate before laying it down as safe doctrine for the younger members of the profession, or to teach to a class of medical students, without guarding it with some qualification. The causes of obstruction, as regards the wall of the bowel, may be divided into intrinsic and extrinsic, and the extrinsic causes may be subdivided into (*a*) those within the bowel and (*b*) those without the bowel. While pressure from intra-abdominal morbid growths or from bands of lymph may cause narrowing or even occlusion of the bowel from without in comparatively rare instances, we find that in by far the greater number of cases of obstruction of the bowel, it arises from an abnormal condition of its contents; such as impacted fæces, gall-stones, enteroliths, foreign substances, etc., *i. e.*, just the cases that often yield to drastic purgatives, as taught by Trousseau, or to massage. The resort to laparotomy in such cases would only be justifiable as a last resort, after it had become evident that

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other means have proved inadequate to save life. On the contrary, where the obstruction is *intrinsic*, arising from some abnormality of the wall of the intestine, or *error loci*, the early resort to laparotomy, before the occurrence of peritonitis or other complication, is clearly advisable. But it is to be noted just here that this class of cases is remarkably rare in this country. Whereas, Treves declares that as many as two thousand deaths occur from obstruction of the bowels annually in England alone, Dr. T. G. Morton pointed out in his remarks before the Congress that it is one of the rarest accidents in this country. In the records of Pennsylvania Hospital for more than a century, he had been able to find but one case of fatal obstruction from volvulus. Dr. T. H. Andrews, formerly Coroner's Physician and Demonstrator of Anatomy, has encountered but one case of fatal bowel obstruction in over two thousand autopsies. Dr. H. F. Formad wrote to Dr. Morton that, excluding cancer and hernia, he had met with ten or eleven cases of fatal obstruction from pressure upon the colon or rectum, of either ovarian cysts or uterine fibroids, and with only three cases each of volvulus and intussusception in adults that he was aware of. The total number of autopsies made by him, in the capacity of Coroner's physician and as Pathologist in the Philadelphia Hospital for ten years, in which the bowels were examined, exceeds six thousand cases. Dr. Longstreth, Pathologist to the Pennsylvania Hospital, also writes that his experience is that intestinal obstructions, excluding tumor pressure, are comparatively rare; and if malignant growths of the lower bowel, and also general peritonitis, with universal adhesions, are also excluded, he would consider it a very rare condition.

The practical conclusion is that cases of bowel obstruction calling for prompt operation are exceedingly unusual, and that the necessity for early surgical interference arises very exceptionally. Resort to laparotomy as a diagnostic method should certainly be kept in reserve until other means have located the obstruction and the operator has satisfactorily established by exclusion, its probable character as one which is only to be relieved by operation. It is in such cases that the skill of the diagnostician is shown; and you can make a diagnosis after the abdomen has been opened, but milder measures should be exhausted first. Here the old dictum, *curare tuto*, holds good, as well as *cito et jucunde*.

ANNOTATIONS.

PHILADELPHIA still stands at the head of American cities as to the number of cases of typhoid fever developing; the average record of deaths from this disease for the last three weeks being 23. We do not see how this can be fairly attributed to bad drinking water. Were either the Schuylkill or the Delaware river infected with Klebs' bacilli, the number of cases would be enormously greater, judging by the Plymouth epidemic. The cause is rather to be sought in our sewers, badly planned, dishonestly constructed, and ignoring the fundamental laws of physics in not being properly ventilated. Typhoid stools, thrown into a closet, may infect the sewer which drains a whole street, or even a series of streets. A little care on the part of the physician, in directing the stools to be disinfected previous to emptying them into the water-closet, would prevent the mischief. It is easier to disinfect a little sewage than a whole mile of sewer.

The water supplied to Philadelphia would not be considered objectionable by many other cities. Still, it is not good enough if better can be procured, and this is the case. The city is wealthy enough to bring a plentiful supply of the pure water of the Delaware from above Trenton, and this must eventually be done. The cost of such an aqueduct would not be very great for a city of over a million inhabitants, and would prove profitable as an investment. It pays a city to have a low death-rate, as there is a large floating population of people of means, who are free to live where they like, and are apt to choose the healthiest place for their residence. Baltimore has long enjoyed the credit of being the healthiest large city in America.

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GLOUCESTER.

It is about time that the Jersey authorities took cognizance of the state of affairs at Gloucester. Since Philadelphia has enjoyed the benefits of a vigorous administration, the lawless persons who desire to make of the Sabbath a day of debauchery are forced to seek for a resort suitable for their purposes outside the limits of the city. New Jersey opens her arms to this class, and welcomes to her hospitable shore the drunkards, rowdies, courtesans, lascivious men and prurient girls, who find at Gloucester freedom from the restraints of law and decency. The *Evening News* of this city has waged a praiseworthy warfare against this thing; and if the half which is told of Gloucester be true, the whilom pleasant Jersey resort has become a sink of iniquity.

The difficulty in suppressing this evil has been that the law-abiding citizens of the town are outweighed by the influence of those whose pecuniary interest it is to keep up the present state of affairs. But at last it seems that the authorities of Camden county are waking up to a sense of their duty. In his address to the grand jury Judge Garrison adverted in strong terms to the lawlessness at Gloucester, and explained the provisions of the laws which are applicable to the case.

It is to be hoped that effectual action will be taken, and that New Jersey will cease to maintain such nuisances for the debauchery of citizens of a neighboring commonwealth.

SLOYD.

This is the name applied in Sweden to a system of manual instruction in wood-work, suitable for use in schools.

The differences between sloyd and carpentry are that the objects made in the former are smaller, the knife is the tool most used, the pupil does all the work himself, and the effort is made to develop the faculties instead of training carpenters. Models are carefully chosen; the objects made are such as can be put to use, and different woods are used.

This is not only intended for children, but for the employment and diversion of invalids who are debarred from other occupations.

The work for children is so arranged as to develop both hands, and exercise the muscles on both sides of the body.

A SUSPICIOUS CASE.

The physicians of Memphis appear to have suffered a great deal of popular ridicule, because they detained as a suspicious case one which ultimately proved to be alcoholism. The reaction from the terror inspired by the belief that it was yellow fever probably inspired the silly jests made at the doctors' expense. Had the physicians passed the case, and it had turned out to be yellow fever, these same jokers would probably have been the first to treat the careless guardians of the public health to some of the vigorous western methods of dispensing punishment.

A REFORM.

Since Dr. Andrews has been Police Surgeon there has been a noteworthy improvement in the manner of dealing with insane persons received at the various station-houses. Previously to this, these unfortunates were detained at the stations until a considerable amount of red tape had been expended. The officers decided whether the patient was drunk, insane, sick or injured. If he proved to be insane, the district surgeon had to hunt up another doctor to sign the certificate, and then find a Guardian to admit the patient. In one case a patient was kept at the station for ten days.

Now, the district surgeon decides whether the patient is sick or not, and, if hospital treatment is needed, the patient is at once sent to Blockley. Those can best appreciate the improvement who, under the old system, endeavored to get some unfortunate into the Almshouse who didn't "know" the ward bosses.

Dr. Andrews is entitled to credit for having brought about this very obvious reform.

The next number of the TIMES will be devoted mainly to the consideration of the proposed Bill for the creation of a State Board of Examiners and Licensers.

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LONDON LETTER.

THE WHITECHAPEL MURDERS: THE NATURE OF THE MUTILATIONS.

THE theory adopted by the coroner to account for the peculiar mutilation of the woman murdered in Whitechapel early on the morning of September 8, has produced a painful sensation. The woman was found in the back yard of a tenement house very shortly after the murder must have been committed. The face was congested and the tongue swollen; but there were deep wounds in the throat, though but little blood apparently had been lost. There is the strongest presumption that the woman was throttled to death and then stabbed in the neck. The *post mortem* examination of the body revealed a most extraordinary mutilation: the uterus was missing. It had been excised, along with its vaginal attachments, the posterior and upper portions of the bladder, and the central part of the abdominal wall around the navel. The divisional surgeon of police, Mr. G. B. Phillips, who made the *post mortem* examination, expressed a very decided opinion that the murderer must have possessed some anatomical knowledge. The coroner fully adopted this theory, and found a motive for the crimes, furnished by a communication which had been made to him during the progress of the inquiry, by the sub-curator of the pathological museum of one of the metropolitan hospitals. This official had stated that, a few months ago, an American had made inquiries as to the possibility of obtaining a large number of specimens of the uterus, his desire being to present a specimen preserved in glycerine with each copy of a book which he was about to publish. He, it was added, expressed his readiness to pay even as much as £20 a piece ($100) for the specimens. He was told that the museum authorities could not undertake such wholesale trafficking in human organs. The idea of giving away specimens with a book would be at least novel, if revolting to the feelings of the profession. But, even if we imagine a physician capable of such a proposal, it is equally difficult to suppose that such a person would be foolish enough to offer so large a price, unless, indeed, he were mad; which would perhaps be the most charitable assumption.

THE "BURKING" THEORY.

The coroner's theory, already almost incredible, has been pretty certainly negatived by the fresh crimes which startled London on Sunday morning, Sept. 30. A woman was found with her throat cut from ear to ear, in a street off Commercial Road, just beyond the boundaries of the city proper; and another murdered prostitute was found in the yard of a Socialists' club just within the city boundary at Aldgate. The second victim was so cut about the face as to be almost beyond recognition, and her abdomen was ripped open; but no organs were missing. These fresh crimes render it almost certain that the murderer is a maniac, and that the four (or five) murders have all been committed by the same hand.

A FORM OF CRIME IMPORTED FROM AMERICA (!)

The theory that the crimes were examples of "Burking" always rested on a very slight basis. It is more than half a century since a crime of this class has been known to be committed in this country. Burke, the Irishman, who from a body-snatcher developed into a murderer, and so gave origin to the verb "to burk," was hanged in 1829; and Bishop and Williams, two miscreants who burked many people in London, paid the penalty in 1831. Now, we are asked to believe that some discharged *post mortem* room porter, dazzled by the undiscovered American's offer of £20, has commenced to commit once more this hideous form of crime. It is said that the town of San Antonio in Texas was thrown into a panic early this year by the commission of a series of murders in which brutal mutilation of the same character was inflicted. Probably your fellow-countrymen, though fond of claiming new ideas, will not be anxious to prove that this miscreant is a Texan cow-boy; but the suggestion shows the panic into which the *Daily Telegraph*, the *Evening Star*, and the other hysterical newspapers and their readers have been thrown.

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A DEFENCE OF "CORSETS."

The evil effects of wearing stays or "corsets" has been a favorite topic with writers and lecturers on popular hygiene, and many have been the vehement condemnations of these articles of attire uttered by well meaning reformers. I have never been able to give a hearty assent to these opinions, because it has always seemed to me a curious and significant fact, and one in marked opposition to the theories of the dress reformers, that the first thing a man does, when he is going to make violent physical exertion, is to put on a waist-belt and draw it tight. A navvy at work undoes his braces or "suspenders," and buckles up the leather strap which he wears round his waist. A cricketer or foot-runner invariably wears a tight belt. This habit may be partly due to the greater freedom allowed to the motions of the back and upper limbs by the belt as compared with "suspenders." But Dr. C. S. Roy, professor of pathology at Cambridge, has attempted to show that there is an additional reason. He believes that pressure on the abdomen favors the expulsion of blood which would otherwise be uselessly stored in the abdominal veins. He found by experiment that slight pressure on the abdomen did actually result in the giving out of considerably increased quantities of blood from the heart in a given time. A waist-belt or stays would thus tend to increase the supply of blood to the nervous centres, the muscles and the skin, and it may be assumed that this would be advantageous during exercise. Prof. Roy's paper, which was founded on experiments made by himself and Mr. Adami, demonstrator of pathology at Cambridge, greatly scandalized the British Association when it was read in the Biological Section of its meeting at Bath early this month.

THE COUNTERBLAST.

Some comfort was derived from a report on the Anthropometric Laboratory, presented by Mr. G. W. Bloxam and Dr. J. G. Garson. The observations had been made during the meeting of the Association in Manchester in 1887, and the subjects were 102 gentlemen and 99 ladies who had attended that meeting. The most important point in the present connection was the breathing capacity. A remarkable difference was observed between men and women, as is shown by the following table:

Age.	Males.		Females.	
	Vital capacity.	Vital capacity per in. of stature.	Vital capacity.	Vital capacity per in. of stature.
20 to 30...	4360 c.c.	63 c.c.	2530 c.c.	40 c.c.
30 to 40...	3780 c.c.	55 c.c.	2220 c.c.	35 c.c.
40 to 50...	3560 c.c.	53 c.c.	2200 c.c.	36 c.c.
50 to 60...	3310 c.c.	49 c.c.	2340 c.c.	37 c.c.

Dr. Hutchinson, who, over forty years ago, made the original researches on vital capacity, found that it stood in relation not to the size of the thorax, whether estimated by its circumference or by the sectional area of its base; but was strictly commensurate with the extent of the thoracic movements and the integrity of the lungs themselves. In Dr. Garson's statistics we are dealing with averages; so that it is safe to assume the integrity of the lungs themselves. He therefore appears to be justified in attributing the very marked difference between men and women to differences in the extent of the thoracic movements. He concludes that this difference in the extent of thoracic movement is due to tight-lacing.

ANTISEPTIC INHALATION.

When we remember the flourish of trumpets with which the treatment of phthisis and other pulmonary diseases by antiseptic inhalations was introduced, there is something almost pathetic in the chastened spirit of its early adherents, who now only claim for it that it relieves cough, and might be perhaps as useful as lozenges! Dr. Theodore Williams, who has tried the method with his usual zeal at the Brompton Consumption Hospital, finds the old-fashioned linctus and lozenge much more efficacious, both in chronic bronchitis and phthisis. Carbolic inhalations check the cough; but then they do not loosen expectoration, but rather the contrary; and in phthisis he gets the best results from a combination of effervescing ammonia salines

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containing some sedative, with counter-irritation of the chest-wall by cantharides, or even the humble domestic mustard plaster. Iodine, in steam sprays or hand-ball sprays, was apparently not absorbed, for it did not appear in the urine. Given internally, iodine very quickly appeared in the urine.

℞ Tinct. iodi.....m. vij
Inf. caryophylli. .....ʒ j t. i. .d

Dr. Arthur Hill Hassall ("The Inhalation Treatment of Diseases of the Organs of Respiration, including Consumption," 1885) found that iodine, when inhaled, was rapidly converted into iodide of potassium by the saliva. The results with turpentine at Brompton were more encouraging. The inhalation used was:

℞ Spir. terebinthinæ.....ʒ j
Tinct. laricis.....ʒ iij
Aquæ ferventis.....ad ʒ x

The characteristic violet odor was quickly noticed in the urine. This tends to confirm my own opinion that there is no remedy so useful as turpentine in chronic bronchitis, early phthisis and chronic phthisis with cavities. It is, however, very readily absorbed by the skin.

TURPENTINE INHALATIONS IN HÆMOPTYSIS.

The greatest successes with inhalations have been in the treatment of hæmoptysis, and here again with turpentine. It should be used in the hand-spray, m x to xx with a little mucilage. If the hæmoptysis is severe, larger doses must be inhaled—even as much, according to Dr. Hassall, as dr. j—and repeated in an hour if necessary. The great drawback is the liability that acute bronchitis may be produced, owing to the irritating effects of the turpentine. But the method is efficacious in checking even severe hæmoptysis, and therefore, even with this drawback, here is something to be thankful to the inhalation method for.

ELECTROMOTIVE PHENOMENA OF THE HUMAN HEART.

Two of the introductory addresses at the opening of the Metropolitan Medical School were of more than usual interest. Dr. Augustus Waller, at St. Mary's Hospital, gave an account of the striking results of an investigation of the electro-motor phenomena of the human heart. He found that it was possible, by connecting parts of the body near the heart with a galvanometer, to get evidence of an electrical action; and proceeding from this observation, he found that even distant parts of the body showed this effect. If the two hands were dipped into basins of water connected with the galvanometer, the index moved with each pulse. If the left hand and either foot were thus connected with the opposite ends of the galvanometer, there was no movement of the index; but if the right hand and either foot were thus connected, there was. If the mouth and right hand were connected with the index, there was no movement; if the mouth and left hand were connected, there was. In a case of transposition of the organs these phenomena were inverted. In the normal state, therefore, the head and right upper limb form an electrical area, and the left arm and two lower limbs another area. In dogs the areas are differently arranged: the upper half of the body is under the influence emanating from the base of the heart, the lower under that emanating from the apex. This difference Dr. Waller attributed to the oblique situation of the human heart, the heart of the quadruped being placed far more symmetrically. His researches have also shown that the contraction of the heart begins at the apex and terminates at the base.

THE REPROACH OF PUERPERAL FEVER.

Dr. Cullingworth, late of Manchester, who was recently appointed Obstetric Physician to St. Thomas' Hospital, gave an address which was a powerfully argued plea for the more general adoption of antiseptics in obstetric practice. He showed how the system had almost completely banished puerperal fever from the lying-in hospitals; but that a considerable mortality was still recorded by the Registrar-General as occurring annually in England and Wales. The last published return, for 1886, showed 2078 deaths attributed to puerperal fever; and as two-thirds of this number occurred in counties where no lying-in hospitals existed, it was clear that these cases must have occurred in private practice. The use of antiseptic precautions in midwifery prac-

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tice was, he said, compulsory in Germany, and ought to be spontaneously followed in this country, where compulsory legislation of the kind was inimical to our rooted ideas of personal freedom.

AN OVERCROWDED PROFESSION.

The other addresses were mostly on the text "Be virtuous and you will be happy." Little was said, however, about the chances of making a living by the practice of medicine, surgery and midwifery, all or singly. The overcrowding of the profession has become much worse during the last decade. The competition among the schools has grown keener, and the advantages offered by each are more widely advertised than ever. The provincial schools are also waking up. The Sheffield School of Medicine has erected new buildings, which have just been opened by Sir Andrew Clark; and the Durham University School of Medicine, in Newcastle-on-Tyne, has also got new buildings ready for the session which began on October 1. Oxford and Cambridge attract yearly more and more students, while the older schools, though they have declined in numbers, still keep up an average which does not fall behind the old average in a proportion which bears any direct relation to the increase in the new or revived schools.

PAPAINE IN CHRONIC DIARRHŒA AND MARASMUS.

There has been remarkably little summer diarrhœa in England this year, probably owing to the cold, wet summer. But there has been perhaps more than the usual quota of chronic diarrhœa. In chronic diarrhœa, with passage of undigested food in the stools and marked wasting, papaine will be found a very useful remedy. It was first recommended, I believe, by Dr. Eustace Smith, who has pointed out the necessity of giving special directions to the dispenser. He used Finkler's preparation, which he prefers as being less rapid in its action than other preparations in the market. It may be dispensed in powders with thoroughly dried carbonate of soda. The box must be of tin or lined with good foil, and must be kept in a warm, dry place. The reason for this precaution is that the papaine is very hygroscopic, and, if carelessly put up, quickly absorbs moisture and loses its properties. The drug may also be given in pure glycerine. Infants take the following readily:

℞ Papaine (Finkler).....gr j
Glycerin. puriss.....ʒ j
Tinct. aurantii recentis.....♏. x.
M. bene. Fiat. mist.

This may be given every two, three or four hours, and frequently produces a most remarkable change in the aspect of the child within twenty-four or forty-eight hours. It is often successful without resorting to any change in diet beyond attention to the well known rules as to cleanliness, etc.

AN OLD REMEDY REVIVED.

The use of calomel as a diuretic appears to be gaining ground in this country. It is given in doses of three grains twice a day if severe diarrhœa is not produced, and in suitable cases this is uncommon. It is continued until slight soreness of the gums is produced. Its mode of action is not very clear; but it may possibly be due to the absorbed mercury stimulating metabolism, and especially hæmolysis, and so increasing the quantity of urea in the blood, which would of course increase the quantity of urine, inasmuch as it is well known that urea acts as a diuretic. It ought to be remembered that the famous "Guy's pill" contains mercury. Dr. Hilton Fagge, in his Principles and Practice of Medicine, published in 1886, has the following, which must have been written long before the publication of Jendrassek's paper: "A favorite prescription at Guy's Hospital has always been a diuretic pill, containing the gray oxide of mercury, powdered digitalis leaves, and powdered squill (of each a grain), which is given each night and morning."

"BEDLAM."

Dr I. C. Bucknill has been the leader of a somewhat formidable attack on the management of the Bethlehem Hospital for the Insane. The institution possesses valuable endowments, and has long had a very high reputation. During the incumbency of the office of medical superintendent by Dr. Savage, the hospital has been largely resorted to by students seeking clinical instruc-

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tion; for which the fact that cases in the early stage only, and those in which there were some prospects of recovery, were taken, afforded unusual facilities. Dr. Bucknill thinks the death-rate too high, and the recovery-rate too low. But his chief charge is that physical restraint has been too frequently used.

SIR MORELL MACKENZIE'S BOOK.

Sir Morell Mackenzie's history of the illness of the Emperor Frederick of Germany is to be published on October 15. As advanced sheets are, I understand, being supplied to a New York newspaper, it will not be necessary for me to attempt any forecast of its contents. It will be illustrated by drawings and by fac-similes of some of the notes written by the dying emperor to his physicians. Arrangements have been made for its simultaneous publication in Germany and in England; but it is now said that its sale in the former country will be prohibited. Its publication, though not officially sanctioned, has not been forbidden by the emperor's widow.

Dr. Freyer, of the Indian Medical Service, whose name is known in connection with the operation of litholapaxy, has recently received a fee or gift of a lakh of rupees (£10,000) from an Indian Nawab. DAWSON WILLIAMS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, Oct. 4, 1888.

DR. T. M. DRYSDALE IN THE CHAIR.

DR. JOSEPH PRICE reported the following recent work in abdominal surgery:

Removal of appendages; for chronic salpingitis with occluded tubes and adherent ovaries, one side, 1; both sides, 7.

With double ovarian cystoma, 3; and with hydrosalpinx, 1.

For uterine myoma, 1.

For uterine fibroma, 2.

For double pyosalpinx, 2.

With purulent peritonitis, 12.

With ovarian abscess on one side, 1.

With peritonitis and double ovarian cystoma, 2.

One sided pyosalpinx, 6.

With post puerperal peritonitis, 1.

With ovarian abscess, same side, 1.

With ovarian abscess on opposite side, 1.

With ovarian cyst, one side, 1.

With suppurating ovarian cyst and broad ligament cyst, 1.

For double hydrosalpinx, 1.

For hydrosalpinx, one side, with ovarian cyst, 1.

With ovarian and broad ligament cyst, 1.

For double dermoid cyst with general peritonitis, 1.

For dermoid cyst of one side with suppurative and purulent peritonitis, 1.

With cyst on other side, 1.

For ovarian cysts, simple, 6.

With salpingitis, 1.

For double ovarian cystoma with double salpingitis, 1.

With fibroid uterus, 1.

For extra uterine pregnancy, 4.

With cyst on opposite side, 2.

With double abscess of one ovary and colloid cyst of other, 1.

For miliary tuberculosis of appendages, 1.

For ruptured papillomatous ovarian cysts, 1.

For hysterectomy for fibroid uterus, 1.

For sarcoma of uterus and intestines, 3.

Exploration and drainage, 2.

Resection of bowel for carcinoma of intestines and abdominal walls, 1.

Obstruction of bowels, 3.

Sarcoma of spleen, 1.

Pelvic abscess, 1.

Post puerperal peritonitis, with removal of omentum, 1.

Perforating typhoid ulcer, 1.

Ventral hernia, 1.

Total, 65.

Mortality:

One death, double pyosalpinx with double ovarian cyst and purulent peritonitis, autopsy showed pyonephritis, 7 days.

One death; extra uterine pregnancy; moribund 36 hours before operation, 24 hours.

One death; supra-vaginal hysterectomy for sarcoma of uterus and all abdominal viscera, 4 days.

One death; resection 20 inches of large and small intestines for carcinoma, hopeless, 26 hours.

One death; exploration and drainage;

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large multilocular cyst, right ovary; general malignancy; parent cyst evacuated; hopeless operation for temporary relief, 4 days.

One death; perforating typhoid ulcer; evacuation of large quantity of muddy fluid and lymph; reacted well for 12 hours; 36 hours.

One death; hysterectomy for sarcoma of uterus and left ovary; bowel involved; third day.

One death; strangulation of ileum; released adhesions; recurring attacks of collapse for three days before operation; hopeless; 25 hours.

Total deaths, 8.

The mortality list gives a small group of those hopeless cases where we are called upon to give some relief. In short they simply command you to do something for relief. If there is one chance they demand it. As a rule they have been seen by one or many physicians, and have refused any early operative interference, or delay has been advised. We find in such cases just those pathological conditions that should at least induce us to recommend, nay more, to insist and urge the removal of all such murderous diseases. If all operators and practitioners recognized the importance of early operation in these and analogous conditions as they do in strangulated hernia, the mortality would be greatly reduced and a world of suffering saved. Early interference in ovarian cystoma is generally taught now. The importance of the early removal of the appendages in fibroid and myomatous uteri has not received that attention it deserves. The tubes and ovaries are diseased in a majority of these cases and much of the suffering is due to their pathological condition. The mortality and the suffering in pelvic inflammations, the sequelæ of gonorrhœa, are very great and the country is covered with neglected cases. If cases carrying typical large pus tubes in this city were distributed, there would be at least one in every street, alley and court. In my experience with small tumors in young women, I have been convinced of the propriety of early removal on account of accidents incident to their development and growth. Many are dermoids and prone to strangulation and suppuration, recurring attacks of localized peritonitis complicating their condition. I have been called upon to operate upon at least six of these young women in bed, emaciated, with quick pulse and high temperature. The general condition bad for so serious an operation as abdominal section. If these operations are done early, while the patient is in fair condition, every risk of the operation is minimized by short anæsthesia, short incision, rapid enucleation, secure ligaturing, thorough irrigation and good drainage. The mortality will be very low, and the much complicated and desperate cases rare.

Dr. J. M. Baldy thought that such an opportunity as was now presented by one of the cases presented by Dr. Price should not be neglected, and that he would say a word about early operation in cases of tubal disease. A great deal of condemnation had been expressed of these operations, on the ground that very little trouble was likely to arise subsequently. The case referred to had been under the care of Dr. Daland, and he had had the pleasure of examining the *post-mortem* specimens with the doctor. The specimens, together with the clinical history, set the subject forward in a very vivid way. The history of the case from the beginning was one of tubal inflammatory trouble. Seven years before her last illness she had fallen into the hands of one of the oldest and best known gynæcologists in the city; but one who is not an operator. Dilatation and other well-known methods of treatment were persisted in for months. Her real condition was evidently not recognized. She went on from bad to worse, and finally in her last illness fell into the hands of Dr. Daland. She fell into collapse three times during this sickness, and an operation was urged both by her attendant and the consulting surgeon; their hands were, however, tied by the consulting physician. At the last moment an operation was agreed to, but the patient died. The specimens and autopsy showed double pyosalpinx, with both ends of both tubes impervious. Intestines were bound down in a mass on the tubes, and strangulation had occurred. Such a condition of affairs should not have

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been overlooked by any one, and an operation was strongly indicated. The case operated on any time during those seven years would have been saved with little risk. The case ran a course quite common, and which can only be prevented by early operation. In answer to a question from Dr. Da Costa as to how he knew this had been her condition seven years ago, he said that the woman had suffered continually with the same symptoms from the first. That she had either had the same condition then, or it had been aggravated from a mild to a severe form of the disease by the treatment she had received.

Dr. William Goodell could corroborate the statement that the appendages were diseased in fibroid tumors. The larger the tumor the more likely are the ovaries and tubes to be diseased, and the harder to remove. He was not sure but that in young women, where the tumor was growing rapidly, it would not be better to remove the appendages early. Some years ago he had thought that dermoid tumors were solitary; but that two years ago he had removed a dermoid from each side, and had since noticed in the literature a number of others reported.

Dr. M. Price said that the delay in treatment of many of these cases was due to the erroneous teaching in regard to inflammatory pelvic troubles. His belief was firmly fixed that they began as tubal trouble. In such cases leakage took place and set up other inflammatory trouble. He had been called in consultation to a case recently which was being treated as cellulitis, as usual. The patient had been an invalid for years, had been blistered, etc. The attack was relieved temporarily; but had subsequently returned, and she was now in a bad septic condition. The tubes contain pus, and the woman will either die of her trouble or be relieved by an operation. Her attending physician is a good man, but he has been taught that every trouble in the pelvis of an inflammatory character was cellulitis.

Dr. Hoffman had lately come across a patient with fibroid tumor who had been operated on three years before, but whose appendages had not been removed. She had great pain, and in one of our large institutions her trouble had been pronounced *uterine neuralgia*. The operation revealed the colon adherent throughout almost its whole extent. Both appendages were diseased, and he had absolutely to dig them out. These difficulties probably caused the former operator to stop, and he would not have overcome them had it not been for the kind aid of Dr. Price.

Dr. Theophilus Parvin exhibited a specimen of extra-uterine pregnancy removed by Mr. Tait in the latter part of August. Pregnancy was supposed to have advanced six or seven weeks. Rupture had taken place two days before the operation. The patient was doing well when he last heard of her condition, four days after the operation. He thought that Mr. Tait was really the most wonderfully expert abdominal surgeon he had ever seen. In his work no antiseptics are used; perfect cleansing of the hands with soap, water, brush and towel; perfect cleansing of the abdomen; incision through the skin and underlying tissues; hæmostatic forceps used if necessary, but frequently not required; the use of forceps to take up the tissues as the peritoneum is approached; the raising up of the peritoneum almost an inch, so that there is no risk of injuring anything beneath the membrane; incision into the peritoneum; the moment the incision is made the introduction of one or two fingers or rather the index finger and the thumb. In this case the diagnosis was not positive, only probable, before opening the abdomen; but as soon as he had introduced his fingers into the abdominal cavity, he said that it was a case of extra-uterine pregnancy with rupture of the tube. It took probably five minutes to bring up the ruptured cyst and ligate the tube with the Staffordshire knot. After removing the tube and ovary, water was poured in through a funnel, to which was attached a rubber tube with a nozzle. The metal nozzle was pushed around in all parts of the abdomen, so as to wash out all of the clots. In this particular case two pitcherfuls of water were used. A drainage-tube was introduced, and three stitches closed the abdominal incision. This patient did

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not have a temperature above 100°, and when seen three days later her recovery seemed almost absolutely certain.

Dr. Parvin also exhibited the following instruments: *The axis traction forceps* of *Dr. Stephenson*, professor of obstetrics in the University of Aberdeen. The forceps closely resembled the Simpson, being only a little longer and the pelvic curve greater. The traction is hooked on in front of the lock after the forceps is applied.

Delore's flexible blunt hook.

Pajot's curette for removing the remains of a miscarriage, consisting of a curette, the curve of which may be altered while the instrument is within the cavity of the uterus, and to which different sized extremities may be attached.

Doléris' ecouvillon for brushing out the cavity of the uterus after incomplete abortion; before introducing the instrument it is dipped in an antiseptic solution. To this treatment its inventor has given the name of *ecouvillonnage*. Sometimes the use of the curette precedes that of the *ecouvillon*.

Mathieu's instrument for washing out the uterus, consisting of two tubes lying closely together, with small openings on their approximated surfaces. After introduction into the uterus the two tubes are separated by means of a screw, leaving a space for the water to flow from the uterus.

Dr. Wm. Goodell thought that after seeing Stephenson's forceps he could justly lay claim to all priority in the axis-traction device. Many years ago in his work at the Preston Retreat he found that his back so often gave out while making axis-traction with his left hand on the lock of the ordinary forceps, that he sewed a stirrup to the end of a leather strap. The other end of the strap he wound around the forceps handles, near the lock, and in the stirrup he placed his foot. He usually hung the strap so near the floor that his heel rested on the latter, the traction force being made merely with the toes or ball of the foot. He thought Dr. Price had probably seen this impromptu device hanging on a gas fixture in the lying-in-room of the retreat. Of course the woman lay on her back with her nates drawn over the edge of the bed.

Dr. Price remarked that he had seen the device spoken of by Dr. Goodell.

Dr. B. F. Baer read the following report of two cases of multilocular ovarian cystoma of unusual size and very rapid growth.

Mrs. X— was sent me by Dr. J. A. Clark, of Bedford, Pa., and on July 31, entered my private hospital. She is aet. 28 years, married; has had two children after normal labors, the youngest being six years of age. About nine months previous to this date she was attacked with severe pains in the right ovarian region, and was confined to bed for several weeks. Her menses had always been regular, but at this time the flow was profuse and continued two weeks. Soon after this attack of pain and metrorrhagia she noticed a swelling in the painful region, on the right side. She rapidly increased in size, and began to lose flesh, and occasionally to have attacks of pain and metrorrhagia, similar to the one noted above, the flow for several occasions lasting for a month. Her abdomen was enormously distended, especially in the upper portion. It was rather symmetrical, dull on percussion all over the interior and lateral portion, except in the lumbar regions, where slight resonance was observed. There was fluctuation in the lower part, but in the upper portion it was very obscure. The skin on the lower surface of the abdomen was in a condition of elephantiasis

Vaginal examination revealed the uterus slightly retroverted, rather mobile, and gave a sound measurement of three inches. The lower surface of the tumor could just be felt by the vaginal examination. The patient had a very weak pulse; indeed it could not be felt at all at the left wrist, and she had great dyspnœa on the slightest exertion.

Operation was performed on Aug. 2. I was assisted by Drs. J. C. Bowen, G. H. Franklin, J. A. Clark, and H. C. Bloom. An incision three inches in length was made in the usual position. The skin at the point of the incision was fully half an inch thick and very vascular, and considerable subcutaneous adipose tissue was present. As soon

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as the tumor was reached it presented the appearance common to ovarian growths; but it was found closely adherent to the abdominal wall. After separating as far as the finger would reach, the tumor was punctured with Tait's large trocar, and about four gallons of greenish fluid drained away; but only the lower portion of the tumor collapsed; the greater and upper portion remained as before. This was punctured in a number of places without removing the instrument from the cavity which had been drained, but nothing followed. The opening in the tumor was now enlarged and the hand introduced to the multilocular condition broken down, large pieces of semi-solid substance being torn loose from the cavity of the tumor and brought away, together with a great deal of semi-fluid debris. As soon as room was gained the hand was carried outside the tumor, where it was found to be adherent to the liver, stomach, and everything with which it came in contact. These adhesions were carefully separated, and after considerable effort the remainder of the tumor was finally brought out through the incision, which had been previously increased to 3½ inches. The pedicle, which was found to be thick and quite vascular, was transfixed and the tumor cut away. The cavity was irrigated with filtered, boiled water, as much as two gallons being used. The irrigating tube was carried in every direction until the water returned clear. The right ovary was not removed, it being in apparent health. The wound was closed around a draining tube. There was considerable shock. The pulse could not be felt at either wrist, and it was two days before it retnrned, although the patient seemed to be doing well. The usual after-treatment was carried out and the patient has made an excellent recovery. She went home (250 miles) on the 27th day and still remains in good health. The temperature never rose above 100°, and the drainage tube was removed on the second day. The tumor was a multilocular cyst and weighed about 90 pounds.

On Sept. 5 I was asked by my friend, Dr. R. Armstrong, of Lock Haven, to meet him in consultation in a case of abdominal tumor, which he stated was in such extreme condition that he feared she might not live until my arrival.

I saw the patient on Sept. 6. She is 21 years old and single; puberty had occurred at twelve, and menstruation had always been profuse, coming on every three weeks and always attended with some pain. She did not consider this abnormal, and so far as she knew was perfectly well up to *four months* previous to the above date. In the latter part of April of this year, after unusual exertion about the house, she was suddenly attacked with severe cramp-like pain in the right iliac region, so severe indeed as to alarm her neighbors by her outcries. This attack occurred about the time of her expected menstruation, and continued until the flow followed, when she gained considerable relief. But she remained ill from that time, being able to go about, however, in the intervals between the series of attacks of pain of similar character, which now followed. Within two weeks after the first attack, she noticed that her abdomen was increasing in size in the painful region, and from that time to the present, *just four months*, her abdomen has grown to an enormous size. I found her occupying a semi-recumbent posture and breathing with difficulty. She was emaciated to such a degree, and the tumor was of such size, that she was almost hidden from view beneath it. The surface of the abdomen was purple from interference with the capillary circulation, and the veins were greatly distended. The abdomen was symmetrical and smooth. Fluctuation was rather obscure. There was dulness on percussion all over the anterior and lateral surfaces of the tumor, except at a point far back in the left lumbar region, where slight resonance was found. On the upper right borders of the tumor, in the region of the liver, there was an apparently solid mass, shaped somewhat like the liver, suggesting the possibility that the cyst had grown from that organ. This was given more prominence, on account of rapidity of the growth. The patient was unable to retain anything on her stomach. She had not slept, except at short intervals, for weeks. Her bowels

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were constipated and the urine was passed frequently and in small quantities. Her pulse was 140 and very feeble. Her expression was an appealing one, and she begged to be relieved.

A tablespoonful of whiskey was given, and repeated in two hours, just before the administration of the anæsthetic. I was ably assisted in the operation by Drs. Armstrong, Ball and Watson, of Lock Haven. An incision two inches in length was made. The surface of the cyst was adherent to the peritoneum. After separating the adhesions as far as I could, I plunged a large trocar into the tumor; but the contents were semi-solid. I therefore cut through the cyst-wall and proceeded to break up and remove the contents. The cyst was adherent to everything it touched—liver, stomach and other viscera; but the adhesions were weak, and in ten minutes' time the tumor was removed, and the pedicle, which was thick and vascular, was ligated. The omentum was so firmly adherent to the cyst that it was ligated and amputated. The friable cyst-wall was ruptured in many places, and a great deal of the viscid semi-fluid material escaped into the abdominal cavity; but I did not lose time in trying to prevent this. When the tumor was removed, what was left of the patient was an exceedingly small portion. The emaciated abdominal walls lay close to the spinal column and sunk into the pelvis. She looked more literally nothing but skin and bone than anything I had ever seen before. The abdominal cavity was thoroughly washed out by irrigation through a fountain syringe, and I was careful to pass the nozzle high up among the intestines and under the surface of the liver and diaphragm. The water returned clear, and the incision was closed around a drainage-tube, and the patient returned to bed with a better condition of pulse and appearance than she had before the operation. She did not show any evidence of shock, and was conscious almost as soon as she was placed in bed. Her body was so emaciated that it was necessary to pack with cotton about the pelvis and along the spinal column, as the bones almost projected through the skin, and at several places bed-sores were apparent. The right ovary seemed smaller even than its natural size, and appeared healthy; it was therefore not removed. The after-history of the case has been without event. Her temperature never rose above 100°, and was normal on the third day after the operation. The pulse gradually diminished from 140, and was normal on the fifth day. The drainage-tube was removed within 36 hours after operation. The sutures were removed on the eighth day, when union was found complete, except in the lower portion, where the drainage-tube had been, and this has since healed. She began taking solid food on the third day, and on the fourth day her bowels were moved. The tumor weighed about 75 lbs.

The points of considerable interest in these cases are the location, character, and severity of the early symptoms, as well as the location of the tumor when first noticed (on the right side), while the tumors were of the left ovary, the right being perfectly healthy; the large size and very rapid growth of the tumors; the rapid recovery of the patients, although in extreme conditions, especially of the case last mentioned; the fact that the two cases are alike in nearly all particulars, the only difference being that, in the second case, the rapidity of the development was much greater, and the severity of the symptoms likewise greater; and, lastly, the method of removal of the tumors—that is, the breaking up of the semi-solid contents with the hand—thereby permitting their removal through a very short incision. I wish here to especially call attention to a fatal case which occurred in my practice several months ago, and which forcibly illustrates that there may be danger in introducing the hand for the purpose of breaking down contents of the tumor, not knowing exactly the location of the intestines. In the case referred to, the friable wall of the main cyst had ruptured, and some coils of intestine were found to be in the cavity and closely adherent to the more solid portion of the contents. Very careful manipulation was necessary to separate the bowel, which was finally done, after considerable time had been spent in the effort. Ordinarily, how-

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ever, when the cyst had not previously ruptured, the procedure is a safe one when due care is observed.

DR. M. PRICE reported a case of pyosalpinx with rupture.

On the 6th of Sept. I was called to Mrs. ——, with symptoms of miscarriage with pains, hemorrhage and slight odor to the discharge. She refused to have an examination, saying she knew she was not pregnant. I left her with the understanding that when she was ready for me to examine her to send for me. On Sept. 10, I was again called and found her in great pain; the discharge of blood and broken down placenta were of the most offensive character. She stated that she had been perfectly regular up to her last period, which was delayed about one week. She had considerable fever, a temperature of 102° and had had that morning a severe chill. On examination the uterus was found about four inches in depth, with part of a rotten placenta adherent to its right posterior wall. The uterus was in good position and perfectly movable, with both tubes enlarged and thickened, and at this time could not have been adherent to any surrounding structures. I removed the placenta with considerable difficulty, used hot water irrigation with boric acid in the uterine cavity, which for a time gave her great relief. These irrigations were continued and the uterus washed out twice a day for three days. All this time the tubes continued to enlarge, until they must have contained several ounces of matter and could have, at this time, been easily removed. The irrigations into the uterus were discontinued and those of the vagina were kept up. I became very much alarmed at her condition and stated to the husband that an operation was needed to save his wife's life. This he refused and begged that I should do all I could without the operation. I yielded to his request much to my regret, for I felt that nothing but an immediate operation and removal of the tubes, which then would have been possible, as there had been little if any leakage up to that time into the peritoneal cavity, would save her life. I believe that any man treating a case of this kind with the symptoms as positive and the indications as plain as they were in the case for operation, should have retired from the case; for by so doing he clearly indicates that his mind is made up as to the treatment and the only chance to save, and by so doing shows to the medical attendant, who may be called to the case, the proper line of treatment, and if he does not take the warning, the *post mortem* will follow and show who was right. There were several well marked changes in her condition, indicating rupture or leakage from the tubal abscess and her condition steadily grew worse until the 20th, when in consultation with my brother, we persuaded the family and the patient to let me operate and give her that chance for life, as she was in a very bad septic condition. As the consultation was at a very late hour at night, she was opened early the next morning (21st.) I found the internal organs matted together, uterus much enlarged, both tubes enlarged and ruptured, adherent to everything they touched, pelvis full of pus cavities, pus cavities almost up to the kidneys on both sides; everything in a semi-gangrenous condition; but little bleeding from ruptured adhesions or from wound in opening abdomen, which is never a good indication. A great quantity of pus was evacuated, at least two pints of the most offensive character. Irrigation and drainage were used. The patient was a very large woman, consequently the longest drainage tube we could find was used. She rallied from the ether, and for the first six hours there was discharged from the drainage tube two pints of very offensive serum. It gradually lessened in quantity, but increased in offensive character. A cleaning of the tube was made every half hour; after cleaning, warm boracic water was injected through the tube. It improved matters only for the moment. Patient died twelve hours after operation. Present at the operation: Drs. Joseph Price; E. W. Cushing, of Boston; Atherton, Toronto; Roseburg and Hamilton, Ontario.

DR. W. H. PARISH said that his remarks on the subject of pelvic abscess, made at the recent meeting of the American Gynæcological Society, had been misquoted. He had stated there

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and wished to repeat here that these abscesses should be opened very early. If operation was not resorted to the patient would most probably either die or become a confirmed invalid. He was not one of those who believe that pus always originates in one particular point in the pelvis. He did, however, believe that the large majority of cases occur because of pus primarily in the tube. He believed, also, that an uncertain number occur from pus originally formed in the areolar tissue, beginning probably because of lymphangitis of that particular locality. The question arises as how best to operate in these cases. He held that there could be no absolute rule of procedure. He believed that in the majority of cases it was wiser to make an opening in the median line and explore the peritoneal cavity, unless we are very certain that the abscess is not in the tube or ovary. If we are sure that there is no involvement of the appendages, and that the pus is not intraperitoneal, the abscess may be opened without going into the cavity. He called attention to a procedure which he had adopted in a few instances where small abscesses were located in pelvic areolar tissue. In one instance Dr. Longaker made an incision in the median line. The tubes and ovaries were found free from pus, but of course congested. With the fingers within the abdomen we felt in the anterior-pelvic wall an abscess. An incision was made over Poupart's ligament as for ligature of the external iliac. Then passing deep into the pelvis, pus was reached some distance below the brim of the pelvis. In another case there was an indurated mass apparent above the left half of the pelvis, not recognizable through the vagina, except on very deep pressure. An incision was made above Poupart's ligament. After cutting through very dense tissue, he came to a minute cavity which contained no pus; but a somewhat serous fluid containing flakes of lymph. These are only two of a considerable number of pelvic abscesses on which he had operated, and he had never regretted operating early.

Dr. J. M. Baldy wished to take this opportunity of emphasizing views which he had expressed before the recent meeting of the American Gynæcological Society. He did not agree with Dr. Parish as to the pathology of this affection. He granted that there was the possibility of an abscess occurring in the pelvis, such as occurs in other parts of the body, from the scalp to the foot; but that these must be most rare. The gentlemen connected with what Dr. Parvin had been pleased to call the "Philadelphia Dispensary School of Surgery" had now done over one hundred of these operations, and had not yet in a single case come across one which had not begun primarily in the tubes or ovaries. In every case the diseased mass removed has been tube, ovary and other tissues involved. (Dr. Parish, at this point, asked wherein his views differed from those of Dr. Baldy.) He had to leave that to be judged from what Dr. Parish had said. In regard to treatment, he must again dissent from the views expressed. He thought that an absolute rule *could* be laid down. Where pus was found in the pelvis, early or late, the proper procedure was to open the abdominal cavity and remove the seat of the disease where it was possible, and where it was not possible to remove, proper drainage should be established. However, it would be found comparatively seldom that the disease could not be taken out by a bold operator.

Dr. Joseph Price thought that he understood Dr. Parish. He himself had said repeatedly that we might have an abscess in any part of the body, from the scalp to the matrix of the nails. We may have it in the cellular tissue of the pelvis, as well as in the axilla or neck; but he must hold to what he had said, that, in all the pelvic abscesses that he had seen, he had not found one not due primarily to tubal disease. Among the recent papers on the subject, one calls attention to the treatment by drainage through the vagina. He did not see how this will avail much in bilateral accumulations. You may evacuate half of the tube; but you have left a condition of affairs such as is found in an old bubo. In pelvic abscess we have just the condition of affairs which the surgeon is asked to treat in the groin, axilla, or

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popliteal space. In such a case he would remove the disease by a clean enucleation and perfect a cure. He had not seen a case of pelvic abscess which could not be removed in this way, and he should say that such cases did not exist. One gentleman at Washington went so far as to say that, after drainage by vagina in a case of double pyosalpinx, recovery had followed, and the woman had borne children. He might as well have said she had conceived, notwithstanding her husband had previously been castrated.

Dr. M. Price remarked that it was a question whether you could say that the tube was diseased or not, by simply looking at it. He remembered a case a few weeks ago, where the tube was congested and inflamed. It seemed to be simply swollen; but on pressure there was forced from the fimbriated end a drop or two of as perfect gonorrhœal pus as could be found anywhere. If he had not seen the discharge, he should have thought that there was no disease save congestion.

Dr. B. C. Hirst exhibited the following:

1st. An exencephalic monster, a rare form of monstrosity, sent him by Dr. Baker.

2d. An anencephalic monster, a more common form, given him by Dr. L. S. Clark.

3d. A fœtus papyraceus, interesting in connection with an idea sometimes entertained that this is a proof of superfœtation. The present specimen was sent by Dr. Cleeman. It was evidently a case of twin pregnancy. One fœtus dying at about the eighth or ninth week had been mashed flat by the other.

He also exhibited a modified form of Brunn's modifications of Simpson's cranioclasts. The modification consisted in adding to the instrument a pelvic curve and also arranging it for axis-traction if so desired. In perforation of the head coming first, it is of advantage to use a dull perforator. Fasten a strong volsella forceps in the scalp, cut the scalp with Emmet's scissors and then thrust the perforator through the skull. In perforation of the after-coming head, he had found in a case seen last summer, that it was more convenient to go through the neck and through the pharynx. This simplifies the operation in some cases and makes it safe for the mother.

Dr. Joseph Price called attention to two instruments he had devised a few years ago for the same purpose. As we know, there is a large mortality following craniotomy, due principally to mutilations and contusions of the mother's soft parts. Some time ago, while dealing with a number of these cases in greatly deformed women, the children being dead (and I may say that I have never destroyed but one living child), it occurred to me to have made an instrument through which we could work, one easy of application, a speculum to protect the maternal soft parts and for fixation and compression of the head, an instrument which could be applied in pelves of one and one-half inches. I have tried the instrument which I now show in all the deformed pelves at the University. You can crush heads with it, and again it serves as a perfect tractor. This other instrument you will all recognize. I have made the end of the handle of one blade sharp. Over this I place a piece of leather, introduce it and perforate the skull through the latter. This instrument is also a good tractor in case of after-coming head; it is also a good instrument to use in crushing the bones of the face. These two instruments are all that I have found necessary.

Dr. Parvin thought that an objection to the method proposed by Dr. Hirst, is that the brain substance cannot be evacuated as readily by an opening through the neck as by one behind the ear. For instance, he had occasion last week to perforate the head in a head-last delivery, the child being dead. He made an opening behind the ear, and then with ordinary forceps the head was compressed and the evacuation of its contents readily took place. It might be easier in some cases to perforate through the neck, but the removal of the skull contents will be much more difficult and imperfect.

Dr. J. Hoffman said that in perforation of the after-coming head it was considered that by drawing on the body the head can be fixed and readily perforated.

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DR. BERNARDY had, some years ago, found it impossible to perforate the skull posterior to the ear in a case he then had. He was able to draw down the inferior maxillary and perforate through the palate, and within a few minutes delivered a hydrocephalic child. He did not confine himself to any particular portion of the skull for perforation, but operated on the most accessible part. The moment the head is perforated he breaks up the brain with the same instrument without withdrawing it; then breaks up the skull with Thomas' or Meigs' forceps.

DR. B. C. HIRST said it would theoretically seem than an opening posterior to the ear would be better than one through the neck, but in his case there was no trouble at all about the escape of brain matter. It would undoubtedly be better to perforate the skull directly, if this can be easily reached; but where this cannot be done perforation of the skull through the neck will be less likely to injure the mother.

DR. W. G. TAYLOR presented, with the following remarks, THREE *uterine myomata*. These three tumors were removed to-day from a case of considerable interest. The patient, a woman, aged thirty years, was married on 7th last May. On the 20th she had her last menstruation, and from that time considered herself pregnant. The abdomen began to swell, and she had a good deal of pain. A few days ago she sent for me, and I found her with the abdomen much enlarged and presenting the symptoms of pregnancy. On the right side, however, there was a hard mass, which puzzled me very much. She was seen by Drs. W. W. Keen and B. C. Hirst, and the conclusion was reached that an operation was necessary. To-day abdominal section was made. It was found that the uterus contained a fœtus, and that there were three fibroid tumors; the largest was sub-peritoneal, the smallest was attached by a small pedicle; the second in size was also sub-peritoneal. These were removed, and the patient is at present doing well.

DR. W. W. KEEN said that Dr. Taylor had hardly done himself justice in his modest narration of the steps of the operation and in his reference to the question of diagnosis. When I saw the patient last Monday it was a question whether the large mass on the right side was a uterine myoma or a tubal pregnancy. It had grown rapidly and *pari passu* with the uterus. Two facts in favor of its being a solid tumor were its density and the fact that the pulsation of the aorta could be distinctly heard with the stethoscope at every point over the tumor. Its rapid growth seemed to be opposed to the idea of myoma. Dr. Hirst was of the opinion that it was a tubal pregnancy, at the same time recognizing an intra-uterine fœtus also. She had albuminuria. When Dr. Taylor opened the abdomen two large tumors presented, which coalesced below, but were separated above. Passing the hand into the abdomen the left tube and ovary were found normal On the right side, it was at first not possible to recognize the ovary and tube; but by enlarging the incision the hand was passed well down and the ovary and tube found. By the side of this tube was a vein considerably larger than my thumb. The pregnant uterus was recognized as the large tumor to the left. It was soft, elastic and dark in color. That to the right was recognized as a neoplasm. While I lifted with difficulty the upper end of the tumor, Dr. Taylor incised its capsule, and enucleated it until he came to the attachment to the uterus, which was over a space of three or four inches in diameter, when the weight of the tumor then caused the uterine tissue to tear, and the large sinuses began to bleed very freely. I next grasped the pedicle with the thumbs and forefingers of both hands, while he stripped off the sac. The tumor was thus quickly removed, and the uterine tissue and the wall of the sac were seized with large hæmostatics and the hemorrhage controlled. It was necessary at several points to introduce sutures into the uterine wall itself to control the bleeding. The redundant portion of the sac of the tumor was cut away, and the edges brought together with the continuous catgut suture; a drainage-tube was passed down into its cavity. In at least two places, and possibly four,

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there were upon, the uterine wall, small masses about half the size of my little finger-nail. These looked like beginning malignant tumors. From the appearance and the rapidity of the growth, I think that this may be a sarcomatous tumor, though it is possibly a simple myoma.

Dr. Parvin thought that there was one point that even Dr. Keen had omitted. He saw the operation, and the great mass of the tumor was included between the layers of the right broad ligament, so that the first incision was through the anterior layer of the ligament. Formerly in removing a subperitoneal fibroid from the posterior surface of the uterus, the pedicle partially tore while the ligature was being applied, and there was free hemorrhage. He finally succeeded in stopping the bleeding by the use of the continuous catgut suture, after other measures had failed.

Dr. Hirst said that Dr. Keen had correctly expressed his views. The symptoms pointed strongly to extra-uterine pregnancy. If the case had been allowed to go on to term, Cæsarean section would have been required, as the tumor filled up the pelvis. He had looked up this subject of injuries to the pregnant uterus, and found some interesting cases. In one case the woman was thrown to the ground and jumped upon when six months' pregnant. The fœtus was killed, but she went on to term. In another case trachelorrhaphy was performed during the second month of pregnancy. This case went on to term. In another instance a number of leeches were applied to the cervix of a pregnant uterus without any interruption to pregnancy. In a case I had last spring, the woman was squeezed between a bale of goods and the wall, and was seriously injured; but she went on to term. A German operator has such confidence in his ability to plunge a trocar into the uterus without doing harm that he advocates the occasional withdrawal, by aspiration, of the liquid hydramnios with very great distension of the uterus, allowing the child to go on to term.

Dr. Parish said that the removal of ovarian tumors during pregnancy was recognized as a proper operation; but that the removal of uterine subperitoneal fibroid tumors during pregnancy was not regarded as a proper operation except under certain special circumstances. The injuries necessarily inflicted on the uterus in their removal are liable to induce abortion. It would be interesting to have the further history of this case. The microscope alone could determine the character of this growth. Under ordinary circumstances the rapidity of the growth would point to sarcoma; but it is well known that in pregnancy fibroid tumors occasionally take on a rapid growth. He supposed that Dr. Hirst did not refer to the case he had cited as indicating rules of practice. It must be the urgency of the condition which justifies operations on the pregnant uterus. While pregnancy may go on after injuries to the uterus, there are numerous unreported cases where the opposite has been the result. Where a subperitoneal tumor can be lifted from the pelvis pregnancy may go on.

Dr. J. Price thought that obstetrically the case was one of great importance. Some time ago he had called attention to three parallel cases. They all went to term with a pelvic tumor and died undelivered. The question of differential diagnosis scarcely concerned many operators at present, and all that was required was the knowledge that there was a tumor present. We should never wait until the patient's general health has been impaired as this is a departure from that generally followed in general surgery.

Dr. Hoffman had been recently consulted by a woman who stated that she was pregnant, and that at previous labors the baby "had to be mashed up." The pelvic cavity was found to be filled with a tumor; she was advised to undergo an operation for its removal. This she refused. It seemed to him that there could be no doubt of the propriety of immediate operation in cases like the one before him.

Dr. B. F. Baer believed that, in this case, after the exploratory incision had been made, it was found that no extra-uterine pregnancy existed, it would have been better to have closed the incision than to have removed this deeply located solid tumor; but since

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the removal was determined upon, he thought it would have been better to have amputated the uterus at the neck, than to have permitted it to remain with a great wound in its side and in the broad ligament. It is not likely that after such a serious operation the pregnancy will go on to term anyway, and abortion occurring within a short time after the operation will certainly add to the risks of the patient. He asked if there were any subjective signs of pregnancy (extra-uterine) in this case, such as the peculiar pains, uterine hemorrhage or discharge of decidua.

Dr. Keen thought that the removal of the uterus would have been a wholly unjustifiable procedure. It was possible that the woman might miscarry, but it was also possible that she would go to term. It has been shown that pregnancy is not necessarily a bar to operation. Not only would the sacrifice of the fœtus have been unjustifiable, but hysterectomy would have made a young married woman sterile. The added dangers of a hysterectomy, too, might have turned the scale against the patient.

Dr. M. Price asked if Dr. Baer would expect to have uterine hemorrhage in a case of extra-uterine pregnancy, where there was also a fœtus in the uterine cavity.

Dr. B. F. Baer said that he would expect in such a condition that as the result of the extra-uterine irritation, abortion would take place and then we would have both hemorrhage and decidua. In regard to the removal of the uterus in this case, it seemed that Dr. Keen condemned the procedure because of his anxiety to save the child. He however believed that the child would have had a better chance for its life if nothing had been done. But if operative measures were imperative, then he still held to his former opinion. In answer to still further questioning from Dr. M. Price, he said that he believed that hemorrhage may occur and the extra-uterine sac remain unruptured. He had seen a case which supported that view. The patient, after missing her menses for two months, was one day seized with severe pain in the right iliac region which was followed by shock. She fell in her yard, and when her physician arrived he found a condition of shock as well as hemorrhage. A few weeks after she had a similar attack. He was then sent for and the diagnosis of extra-uterine pregnancy arrived at. This was five years ago, and Thomas' method of operating by the vagina, and opening the sac with a hot knife, was followed. The sac was found with no evidence of rupture in it. The liquor amnii was clear and there was no evidence of hemorrhage into the cyst, which there would have been had a rupture taken place. The fœtus was indeed alive. The patient died on the fifth day after operation.

Dr. Wm. J. Taylor closed the discussion by saying that in this case the tumor was absolutely fixed. The woman's general condition was poor; the pulse 120; the patient unable to eat; she suffered intense pain and diarrhœa for a number of days previously. The tumor was also growing rapidly. The urgency of the case seemed to call for some relief. There was albuminuria. If the matter had been allowed to go on to term, provided the woman had lived that long, the risks to both mother and child would have been greater than they were at the present time.

J. M. Baldy,
Secretary.

The London *Medical Recorder*, in its Students' Number, gives a list of the medical colleges of America, and the qualifications required preliminary to practice in each State.

The accuracy of the publication may be judged by the omission of the Western Pennsylvania College from the Pennsylvania list, and of the necessity of securing the endorsement of a State Medical College before registering with the prothonotary. Unless such statements can be given correctly they had better not be made at all.

An American physician residing in Germany has found a new remedy for phthisis, in the inhalation of air heated to 60° or 80° C. The results of three or four daily inhalations are said to be very remarkable, when employed in the early stages. The bacilli finally disappear from the sputa completely.

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LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

OUR HOSPITALS FOR THE INSANE.

MR. EDITOR:

SINCE my paper of a few weeks ago in reply to yours, you have published with apparent satisfaction an article headed "A Demoralized Hospital," in which you report that certain patients had had bones fractured, and that twenty-eight acres of potatoes had been destroyed by hogs at the Norristown Hospital for the Insane. This was done to show your readers that an institution of that kind which is managed by trustees cannot be as well managed as if it were managed by a physician who has the charge (in addition to the onerous and multiform duties of the farm and providing for the numerous household) of hundreds of insane men and women. To those persons who have ordinary judgment and have been accustomed to business it sounds strangely to hear that he can attend better to several hundred insane people, if he have enough other duties—duties for which he is poorly qualified—to take up his whole time. But as I am writing merely to correct the errors in your paper, let me say that I obtained from the hospital report, on which your communication was said to be based, the following record:

"The committee have learned that about twenty-eight acres of potatoes on the farm have been destroyed by potato *bugs*."

To those of us who know what devastation can be produced by potato-bugs in two or three days and with what inaccuracy persons sometimes speak, this word, destroyed, must be taken with much allowance. I often hear persons say, "Oh, my whole crop of potatoes is destroyed by the bugs," when, in reality, the crop was only much less than he would have had if the bugs could have been held in check. This very season I have in several instances seen a very promising patch of potatoes stripped of almost every leaf by the bugs—not the *hogs*—in two or three days, when the farmer was too busy to attend to them.

But what of the fractures? I fancy that I hear you say, "we never hear of such things in the other hospitals managed by superintendents." I confess that this is true. But why do we not? And now I hope your readers will give ear to what I say. I shall not speak lightly; but soberly, truthfully, sorrowfully, that we do not hear of accidents and wrong-doing in those other hospitals. No! no! We do not hear of them, because what is done in them, is as safe from the public eye and ear—even from the trustees—as are the doings in a convent.

This is one of the things which should impel every man of our profession to demand that these superintendents should be deprived of their despotic power and should be only physicians, under the watchful eyes of the trustees. Is it likely that among the 1900 persons in the three hospitals at Danville, Harrisburg and Warren, no bones were ever broken? That the attendants were such fine fellows, that they never did wrong? Were there never any deaths in these hospitals under circumstances which in private life would have called for the coroner? Certainly! certainly! Was there ever a coroner's inquest held in the Harrisburgh hospital during its nearly forty years of existence? Eight years ago I was informed by the superintendent (in answer to my inquiry) that there had never been a single one. Have there been sudden deaths? Yes. Were the trustees notified and investigations made? No. Do the newspapers of Harrisburgh every week, or after every meeting of the trustees, give to their readers a report of the meeting and all that was brought before it, of accidents or injuries to the patients, of sudden deaths, and the action taken upon them? No. Never a word do they hear of the work of the physicians, nurses and attendants. It is safe with the "one head of the institution." Safe as if the transactions were the work of an inquisition.

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How is it at Norristown where the trustees have exclusive power, where there is no concealment, where the *trustees* are informed of every abuse, and every sudden death or any death connected with the least suspicion of negligence or wrong doing which in private life would be considered a case proper for a coroner's inquest? I will inform you if allowed space in your columns.

The trustees of the Norristown Hospital have rules of the strictest kind in relation to every person in the institution. The slightest injury to a patient —a mere scratch on the face, or bruise anywhere—must be reported by the attendant to the supervisor, by the latter to the physician, who must investigate it, and if found to be the work of an attendant, the fact must be reported by the physician to the board of trustees, and should it prove to have been done improperly by the attendant, he will immediately be discharged.

Why do I say *if* done by the attendant? Would it be likely to be done by any one else? Yes, more injuries occur to patients from other patients or themselves than from attendants. Some years ago, while walking along the corridor in the hospital at Harrisburg, and just as all but one of the trustees had passed out into another passage, and one of the patients was importuning the last trustee for release—leave to go home—a girl who was seated close by jumped up, and with both hands spread out before her dashed upon the one who was with the trustee, and pushed her with great force flat on the floor, face downward. Then she resumed her seat, and laughed loudly at the success of her feat. It was done so violently that death might have occurred with a weaker or a diseased person, and but few persons would have regarded the attendant as being innocent; and fewer still who would not have charged negligence and bad management in the hospital.

Again, it is not unusual in these days when patients are not kept in cells, but allowed the whole range of corridors and bay windows, to have them violently resist attendants, or attack each other. Quite recently a most excellent female attendant was severely bitten by a patient. A few years since, while walking with Dr. Kirkbride and the late Joseph Patterson of Philadelphia, through the hospital in West Philadelphia, as we passed a room, we saw a patient naked and literally covered with blood, laughing and seeming very happy, while two attendants were preparing to dress him. Dr. Kirkbride inquired about the case, and was told that he had been trying to knock his brains out by jumping head-foremost against the wall.

Now, these cases occurred in the presence of a person who was the first and only time in this latter hospital, and rarely in the one at Harrisburg, and I mention them here to show, that with the greatest care and vigilance on the part of the attendants and physicians, or superintendents, injuries may be caused to patients by patients who are with them, and who usually may be on pleasant terms; or by a patient on himself, as was the case in Dr. Kirkbride's hospital. We all know how suddenly comes to the insane the impulse to do violence—a mother to destroy her children, a son to kill his father, etc.

To return from this digression to the doings of the trustees in the Eastern Hospital, they not only have these rules strictly enforced, and thus become cognizant of even the slightest injury to a patient, but they do not conceal anything; their meetings are open; their reports made public, and reported by the Norristown newspapers that very day or the next. There is no secrecy like that existing in the three hospitals where superintendents have it all their own way; and where even the trustees are neither consulted as to what should be done, nor informed of what has happened.

In addition to these rules of the trustees to secure the safety of patients, there are six persons, three physicians and three women, a committee appointed by the Lunacy Committee, who have certain privileges and duties. They can inspect the condition of the patients at any time—hear their complaints, listen to their appeals, or to their charges of ill treatment, or neglect by attendants or physicians or any employé, and report to the board of trustees.

It is a great comfort to many patients

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to write to friends or relatives at home. Some, too, are not satisfied with their treatment, and write long letters to persons to come and redress their wrongs, believing that they are improperly kept in confinement. To all these appeals, superintendents, who are responsible to nobody, too often pay no attention—stuff the letters into their pockets and let the writers wait in vain for answers or relief.

In the Norristown Hospital, if the letters go to the physician, and if he thinks they should not be sent to the person named, he has to send them to this committee of six, and if when they have considered them, they think it proper to send them, they can do so—thus relieving the physician of responsibility—or they can visit the writer and examine the case. What greater safeguards could be thrown around these insane people?

In the other hospitals, the superintendent is the sovereign of the concern—there is no appeal elsewhere—his word is law; he can turn a deaf ear to the most piteous appeals; refuse attention to all wants; there is no committee of physicians and women to examine the case.

But you ask, where are the trustees; can't the patients appeal to them? Not with effect. I have already said they have no power; they might *advise*, if they could have proof of wrong doing; but how get proof? Every attendant, every employé, knows he or she holds the situation there by favor of the superintendent, regardless of the trustees, and when asked for information by the trustees (in the presence of the superintendent, for he always attends them in their walks through the building) the attendant is mum. I have said they might *advise*—that alone—power to enforce they have none. This is one of our complaints against the law, which makes the trustees responsible while it gives all the governing power to the superintendent, who can disregard all their advice. I would not have you believe that the superintendent defies the board of trustees. Oh, no! he is gentle, apparently frank with them, and reports what is comfortable to himself—no more—One said to a friend a few years ago: 'I always have something to consult them about to make them believe that they are of importance."

How amazing that we have allowed these hospitals to go on, one of them for 37 years, and the others for a good many years, and sudden deaths occurring frequently, and never a single coroner's inquest. But, as there is much more to be said on the workings of these hospitals, I close for the present.

HIRAM CORSON.

REVIEWS AND BOOK NOTICES.

A SYSTEM of GYNECOLOGY. BY AMERICAN AUTHORS. Edited by Matthew D. Mann, A.M., M.D. Volume II. Illustrated with four colored plates and 361 wood engravings. 4to. pp. 1180. Philadelphia: Lea Brothers & Co. 1888.

The volume opens with an article upon the diseases of the vagina, by Charles Carroll Lea, of New York.

This is followed by the Hystero-neuroses, by Geo. J. Engelmann, of St. Louis, who requires one and one-half pages for a definition, eight pages to demonstrate the importance of his subject, and only two to detail its history. The writer does not use the term intermittent fever happily, in describing the circulatory hystero-neuroses, on pages 108 and 109. This term is appropriated to malarial fever, and in this case it would have been better to use the expression periodic fever. His definition of hystero-neurosis is evidently quite elastic, from the wide range covered by the cases quoted. The paper is, however, of much interest, and its 116 pages give the results of evidently painstaking research and observation.

Dr. Thomas contributes the section upon extra-uterine gestation, and his twenty-two pages contain a model of plain statement.

Dr. S. W. Gross gives 140 pages upon the subject he has so long studied: Tumors of the Mammary Gland. The illustrations of this section are especially commendable. Other diseases of the mammary gland are discussed by Roswell Park, in 34 pages. Edward W. Jenks contributes 78 pages on fistulæ; urinary, fecal, etc.

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Diseases of the Bladder and Urethra occupy 101 pages, from the pen of William H. Baker.

Non-malignant Tumors of the Uterus are treated by R. Stansbury Sutton, in 52 pages, while W. S. Lusk occupies 40 with malignant tumors.

Bache McEvers Emmet treats of Lacerations of the Cervix Uteri (52 pages); Samuel C. Busey, of Chronic Inversion of the Uterus (26 pages); Howard A. Kelly, of Injuries and Lacerations of the Perineum and Pelvic Floor (60 pages); William Goodell, of the Treatment of Ovarian and Extra-ovarian Tumors (57 pages); Robert Battey and Henry C. Coe, of the Diseases of the Ovaries (56 pages); Henry C. Coe and W. Gill Wylie, of Diseases of the Fallopian Tubes (58 pages); Stephen Y. Howell, of the Pathology of Ovarian Tumors (100 pages); Matthew D. Mann, of Non-uterine and Non-tubal Tumors (40 pages); while George T. Harrison completes the work with 62 pages on Displacements of the Uterus.

The volume constitutes a valuable collection of monographs. The binding, press-work and proving are such as we always expect from the publishers.

A Manual of Medical Jurisprudence. With Special Reference to Diseases and Injuries of the Nervous System. By Allan McLane Hamilton, M. D. With Illustrations. 8vo, pp. 390. Cloth, price $2.75. New York, E. B. Treat, 1887.

A book which should stand on every physician's shelves, as, when it is needed, the assistance rendered by it is simply invaluable. The eight chapters treat of Insanity; Insanity in its Medico-Legal Relations; Hysteroid Conditions and Feigned Diseases; Epilepsy; Alcoholism; Suicide; Cranial Injuries; and Spinal Injuries.

Contributions to the Study of the Heart and Lungs. By James R. Leaming, M.D. Cloth, 8vo, pp. 300. Price, $2.75. New York: E. B. Treat, 1887.

In this volume Dr. Leaming has collected from various journals, transactions, etc., his own work upon the above-named organs, and presented them in book form. He very justly calls attention to the need of rendering justice to those who originate or first give expression to the advances in our knowledge.

The Theory and Practice of the Ophthalmoscope. A hand-book for students. By John Herbert Claiborne, Jr., M. D. Geo. S. Davis, Detroit, Mich. 1888.

This is one of "The Physician's Leisure Library Series" published by Mr. Davis, and is a most commendable book. It is not often that so much of an intricate subject is put in such a small book. But in less than a hundred small pages Dr. Claiborne explains clearly and in a very concise way the principles of optics, the ophthalmoscope and its use in the examination of the eye, and detection and correction of defects in refraction. It is really a hand-book for students, and should be read and studied by all such, old or young, graduate as well as non-graduate.

Disinfection and Disinfectants. Their Application and Use in the Prevention and Treatment of Disease, and in Public and Private Sanitation. By the Committee on Disinfectants appointed by the American Public Health Association, 1888. Cloth, pp. 256.

This volume contains the result of three years' labor on the part of the committee, which was composed of Drs. Sternberg, Raymond, Smart, Vaughan, Leeds, Watkins and Rohé; and from such active and original workers the reader may judge what the book is likely to be. The various papers have been published from time to time in the journals. The reader will find in the book the answer to many questions which will occur to him in the needs of everyday practice: how to disinfect feces; the germicidal value of the various products in the market; the method of fumigating sick-rooms; of disinfecting clothing containing fomites, etc. All these and many others are treated in the volume before us.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland, Ninetieth Annual Session, 1888.

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OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM OCT. 14 1888, TO OCT. 20, 1888.

COLONEL CHARLES PAGE, Assistant Surgeon General, Medical Director of the Department, will proceed to and inspect the Medical Department at Forts Ellis, Texas, Supply, Reno, Sill and Gibson, I. T., Fort Leavenworth, Kansas, and the Leavenworth Military Prison, in the order named, and upon completion of this duty return to these Headquarters. Par. 1. S. O. 127. Hdqrs. Dept. of the Mo. Fort Leavenworth, Kan., Oct. 15, 1888.

MAJOR FRANK MEACHAM, surgeon U. S. Army, died at Fort Douglass, Utah, October 9, 1888, at twenty minutes past one P.M.

CAPTAIN EDWARD T. COMEGYS, assistant surgeon, is relieved from duty at Madison Barracks, New York, and will report in person to commanding officer, Fort Bayard, N. M., for duty at that post, relieving First Lieutenant D. Dietz, assistant surgeon.

FIRST LIEUTENANT DIETZ, on being relieved by Captain Comegys, will report in person to commanding officer, Alcatraz Island, Cal., for duty at that post, reporting by letter to the commanding general, Department of California. Par. 18. S. O. 240. A. G. O. Washington, Oct. 15, 1888.

By direction of the Acting Secretary of War leave of absence for six months is granted Captain William B. Davis, assistant surgeon, U. S. Army. Par. 12. S. O. 232. A. G. O. Oct. 5, 1888.

By direction of the Acting Secretary of War the leave of absence granted Captain John M. Banister, assistant surgeon, in S. O. No. 210, Sept. 10, 1888, from this office, is extended one month. Par. 2. S. O. 232. A. G. O. Oct. 5, 1888.

By direction of the Acting Secretary of War Captain Louis M. Mans, assistant surgeon, is relieved from duty at Fort Schuyler, N. Y., and will report in person to the commanding officer, Fort Porter, N. Y., for duty at the post. Par. 10. S. O. 236. A. G. O. Washington, Oct. 16, 1888.

By direction of the Acting Secretary of War leave of absence for two months is granted Captain William G. Spencer, assistant surgeon, U. S. Army. Par. 11. S. O. 236. A. G. O. Washington, Oct. 10, 1888.

By direction of the Secretary of War the following named officers of the Medical Department will report in person, on Oct. 23, 1888, to the president of the Army Medical Examining Board, Army Building, New York City, for examination for promotion: Capt. John de B. W. Gardiner, assistant surgeon, Capt. William C. Gorgas, assistant surgeon, Capt. C. N. Berkeley Macauley, assistant surgeon, First Lieut. W. L. Kneedler, assistant surgeon, First Lieut. Edgar A. Mearns, assistant surgeon. Upon the completion of their examination the officers named will rejoin their proper stations. Par. 1. S. O. 239. A. G. O. Washington, D.C. Oct. 13, 1888.

CAPTAIN BENJAMIN MUNDAY, assistant surgeon, is relieved from duty at Jefferson Barracks, Mo., and will report in person to the commanding officer, Fort Sisseton, Dak., for duty at that post, relieving First Lieut. John L. Phillips, assistant surgeon, and reporting by letter to the commanding general, Department of Dakota. Par. 11. S. O. 242. A. G. O. Washington, Oct. 17, 1888.

First Lieut. Phillips, on being relieved by Captain Munday, will report in person to the commanding officer, Fort Lyon, Col., for duty at that post, reporting by letter to the commanding general, Department of the Missouri. Par. 11. S. O. 242. A. G. O. Washington, Oct. 17, 1888.

OFFICIAL LIST OF CHANGES AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE-HOSPITAL SERVICE, FOR THE FOUR WEEKS ENDED, OCTOBER 20, 1888.

S. T. ARMSTRONG, Passed ASSISTANT SURGEON. Granted leave of absence for sixteen days. October 17, 1888.

ASSISTANT SURGEON R. M. WOODWARD. When relieved at Marine Hospital, Boston, Mass., to proceed to Marine Hospital, Chicago, Ill., for duty, October 12, 1888. Granted leave of absence for thirty days. October 17, 1888.

ASSISTANT SURGEON A. W. CONDICT, relieved from duty at Marine Hospital, Chicago, Ill., ordered to Marine Hospital, Boston, Mass. October 12, 1888.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING OCTOBER 20, 1888.

SURGEON A. F. MAGRUDER, ordered to Marine Barracks, Washington, D.C.

ASSISTANT SURGEON E. P. STONE, detached from the "Richmond" and to the "Minnesota."

ASSISTANT SURGEON J. F. KEENEY, detached from the "Minnesota" and to the "Richmond."

ASSISTANT SURGEON A. M. D. MCCORMICK, detached from the Bureau Medicine and Surgery and to the "Vermont."

SURGEON A. M. MOORE, detached from Naval Station, New London, Conn., and to the "Kearsarge."

PASSED ASSISTANT SURGEON A. A. AUSTIN, ordered to Naval Station, New London, Conn.

MEDICAL INSPECTOR N. L. BATES, detached from the "Pensocola," and placed on waiting orders.

SURGEON W. G. FARWELL, ordered to U. S. R. S. "Franklin."

PASSED ASSISTANT SURGEON H. B. SCOTT, detached from the New York Navy Yard, and ordered to the Naval Hospital at Mare Island, Cal.

SURGEON A. F. MAGRUDER, ordered to duty at Headquarters of the Marine Corps.

Please consider our five dollar offer.

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PHILADELPHIA MEDICAL TIMES.

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No. 545. NOVEMBER 15, 1888. VOL. XIX

CLINICAL LECTURE.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Delivered at the Philadelphia Hospital, May 26, 1888.

BY JAMES TYSON, M.D.,

Physician to the Hospital, and Professor of General Pathology and Morbid Anatomy in the University of Penna.

Reported by William H. Morrison, M D.

GENTLEMEN—I wish, at the outset, to call your attention to the position which this patient assumes; and, at the same time, take the opportunity to say to you that inspection is one of the first means of diagnosis of which we naturally make use, and one which it is well worth your while to cultivate. While there are diseases of which inspection gives us little information, there are others in which it is of great advantage; and there are a few diseases which are at once patent to the experienced eye. Note that this boy's head is bent back upon his cervical spine, and to a less degree there is also curvature of the spine itself. This condition of rigid contraction of the muscles of the neck and back occurs in two or three diseases. We have it most striking in hysteria, where the body may be supported on the head and heels, while the intervening portion is arched; but the extreme degrees sometimes reached in the disease under consideration are scarcely less.

There is nothing in the family history, or the previous history of the patient, that need detain us. We learn that, on April 14, this boy, aged sixteen years, played at base-ball, and the next day arose complaining of a severe and distressing pain in the back of the head and in the back. He was given a dose of salts. The following day he was quite deaf, and it was noted that the head was bent backward. Then followed incontinence of urine, delirium, subsultus tendinum, and carphologia. He seems to have been perfectly well before the appearance of these symptoms.

He was admitted to the hospital, May 8, that is over two weeks after the first appearance of the symptoms. The history of the sickness up to the time of admission has been given by the father. He was treated by a physician for some time for typhoid fever. From this point until his admission here the history is somewhat imperfect and contradictory. It is stated that the typhoid fever ended in the present condition. We learn, however, that from the very first day there was pain in the back of the neck with more or less rigid contraction of the muscles of the neck.

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When admitted, my attention was, of course, at once attracted by the position of the head. At that time he was aroused with the greatest difficulty, and it was in fact impossible to administer anything satisfactorily by the mouth, and he was nourished for a time by enemata. There was at the time of admission some diarrhœa, but we could not learn whether or not he had been given a purgative.

From these symptoms the conclusion was easily reached that we had to do with cerebro-spinal inflammation, but to decide as to the exact nature of the affection was more difficult. In this we were aided by the fact that there has been recently prevailing in the suburbs of this city a mild form of epidemic cerebro-spinal meningitis, or cerebro-spinal fever. This, in connection with the suddenness of the onset, led us to conclude that we had an instance of the epidemic variety rather than one of tubercular meningitis, the only other form likely under the circumstances. The association of traumatism, which is the only remaining common cause of meningitis, could be excluded.

The *symptoms* presented by cases of this disease are not always so marked or so distinctive as in this particular instance. Perhaps the most common symptom, but one which is also found in other diseases, and on this account sometimes gives rise to difficulty in diagnosis, is pain in the back of the neck and head. This pain may vary in degree from that which is extreme and agonizing and sudden in its paroxysms—so sudden as to have been likened to the sting of a bee—to a pain which is so slight that the real condition is overlooked until the disease has advanced to a considerable extent.

The opisthotonos so marked in this case, and so great an aid in the diagnosis, is not always present; and between its absence and its most extreme degree we have every gradation. It is not unusual for the disease to be ushered in by a slight diarrhœa, there being two or three liquid stools, succeeded, however, by constipation. In this respect it differs from typhoid fever, the diarrhœa of which is apt to continue It is well known that we may have typhoid fever without diarrhœa; but, as I have just said, where diarrhœa is present at the beginning, it is apt to continue.

Another characteristic symptom of this affection is the eruption. This is, however, present in not more than one-half of the cases. The spot which appears in cerebro-spinal meningitis is more comparable to the eruption of typhus fever than to that of typhoid or of any of the other eruptive diseases. This eruption is an actual extravasation of blood, which does not disappear upon pressure like that of typhoid fever. The number of spots in some cases does not exceed four or six, while in others they are very numerous, so that one of the best known names of this affection, and one by which at one time it was almost exclusively called, is spotted fever. Where typhus fever is epidemic cerebro-spinal fever may prevail jointly, whence it is often difficult to determine whether a given case is one of typhus fever or one of cerebro-spinal meningitis. This difficulty is more manifest in the beginning of the attack; for as time passes the diseases separate from each other in a very striking manner. Typhus fever is not characterized by the severe pain in the head and the back of the neck, nor by the opisthotonos, both of which, however, as already stated, may be absent or so slight as not to attract attention in cerebro-spinal fever. The most marked differences are in the spots and the typhoid condition. In typhus fever the spots are much more common and numerous than in cerebro-spinal meningitis. The typhoid state may be equally pronounced in both, but in general it may be said to be more marked in the former disease. The two affections differ in their duration. Typhus fever terminates fatally or in convalescence in from fourteen to seventeen days, whereas cerebro-spinal meningitis is a disease of indefinite duration. It occasionally happens that a patient dies very early, within the first day or the first few hours after the appearance of the symptoms. This, of course, is in the beginning of a severe epidemic. More frequently the disease is prolonged beyond this period and for a longer period than that of typhus fever.

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Another affection which occurs to me as sometimes giving rise to difficulty in diagnosis is muscular rheumatism. More frequently, perhaps, than with typhus fever is this condition at its beginning confounded with muscular rheumatism, and the mistake is excusable. The symptoms are almost entirely muscular; but the association of headache with cerebro-spinal meningitis is a point of divergence. If you will read modern reports of cases of cerebro-spinal meningitis, you will find many in which salicylate of sodium has been prescribed on the supposition that the case was one of muscular rheumatism. As the disease advances the diagnosis becomes less difficult.

I might say a word with reference to temperature in this disease. It is rarely very high. In the earlier descriptions of the disease, and there have been most interesting ones written as long as a century ago, we find that the authors speak of the skin being cool. This was before the clinical thermometer began to be used for the accurate determination of temperature. If you examine the temperature chart in this case you will find that the maximum temperature was on the morning of the 10th of May, when it reached 101°. From that point it gradually declined until to-day it is 98.4°. Last evening it was 99.2°. Higher temperatures are sometimes reached, as 102°, and I have seen reports of cases in which 105° was reached; but this is rare in this disease as compared with typhoid fever and rheumatism.

The pulse, especially in the beginning of the disease, is not frequent. As the disease advances its frequency may increase, but this is due rather to the debilitated condition of the patient than to the disease directly.

An ophthalmoscopic examination was made in this case by Dr. Shakespeare with negative results. The urine was also examined and found normal.

The study of the *etiology* of this disease is of extreme importance. It is an epidemic disease. The epidemic may not be general, but where you find one case you are apt to find several. Such has been the case in the suburbs of Philadelphia during the past few months. The disease is infectious, but non-contagious; at least, very few physicians now consider it so. It may be well to refresh your memories by stating that an infectious disease is now defined as one due to any specific cause, that cause being derived from another person having the same disease, or externally to the organism. The contagious disease is that subdivision of the infectious, whose cause is derived from another person having the same disease, as syphilis or small-pox. All contagious diseases are infectious, while not all infectious diseases are contagious. The second division of the infectious diseases is the miasmatic; of which the most striking instance is malarial fever, of which the cause, though not precisely determined, has heretofore been regarded as developed through the action of heat and moisture on vegetable mat ter. The disease under consideration is therefore infectious, but not contagious, as the specific cause is not transferred from one person to another. There is some uncertainty as to the exact nature of the specific cause, just as there is in regard to many of the other non-contagious infectious diseases. It has been ascribed to a vegetable organism and the diplococcus of Friedlander, which has been held responsible for the causation of pneumonia, has also been held responsible for epidemic cerebro-spinal meningitis. It is a fact that these two diseases are often associated.

We come next to speak of the *morbid anatomy* which we have had the opportunity of studying in this hospital in several cases this spring. Taking our cue from the name, we naturally expect to find signs of inflammation of the membranes of the brain and cord, and so we do. These lesions are found of every conceivable degree from that of a slight hyperæmia, which might be found in any of the other infectious diseases, up to the higher degrees in which pus and fibrinous deposits, more particularly in connection with the pia mater, are abundantly present. The arachnoid space is filled to a varying extent with lymph and pus. Ounces of pus have been taken from the spinal canal. The inflammation may extend to the substance of the cord inducing myelitis. Certain it is that the inflammation of the cerebral and spinal menin-

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ges is the cause of the most striking symptoms in the disease. The roots of the spinal nerves may not only be impinged upon and compressed, but they are also found at times in a state of positive inflammation. In other words, there is neuritis of the roots of the spinal nerves, more especially of the motor nerves, whence the clonic contraction of the muscles which gives rise to the characteristic posture. On the other hand it is the irritation of the roots of the sensory nerves that gives rise to the intense pain.

At the same time, while the disease is explained so largely as to its symptomatology by the local conditions present, and while local conditions enter so largely into its morbid anatomy, we do not regard it as a local disease. It is a general infectious disease with local manifestations, just as typhoid fever is a general infectious disease with local manifestations most strikingly found in Peyer's patches. In fact the term cerebro-spinal fever has been suggested as more appropriate than cerebro-spinal meningitis; but the same objection holds to this term as to that of enteric fever, and it is pretty much a matter of personal preference what term is employed. The term epidemic cerebro-spinal meningitis seems to me to be preferable.

Finally, as to *treatment*. When I first saw the patient the cerebro-spinal symptoms were so prominent that they seemed to me to demand first attention. Although, on admission, we despaired of his recovery, we applied blisters to the spine, particularly in the region of the neck and of the upper dorsal region. He was nourished by the rectum to the fullest extent possible. Much to our surprise the symptoms began to abate in the course of a few days. The opisthotonos became less marked. We then began to introduce food by the mouth and soon the administration by the rectum was discontinued. In addition we have given supporting treatment. This is frequently all the treatment that these cases require. My attention has recently been called to two cases in which the administration of the bichloride of mercury and the iodide of potassium has been followed by very prompt improvement. I think that we may place these among the legitimate measures to be used. But this is about all there is in the way of specific treatment. The main treatment consists of combatting the symptoms and using supporting measures. Opiates must of course be used in sufficient doses to relieve the intense pain.

When recovery takes place, the convalescence is very slow, so prolonged that the duration of the disease is indefinite. Months and even years may elapse before the patient gets well, and he may never entirely recover, some of the results continuing through life.

ORIGINAL ARTICLES.

IS THE "ACT TO ESTABLISH A STATE BOARD OF MEDICAL EXAMINERS," PROPOSED BY THE STATE MEDICAL SOCIETY, CALCULATED TO FOSTER QUACKERY?

BY SILAS UPDEGROVE, M. D.

MUCH unnecessary medical legislation has from time to time been obtained; yet by many it is thought that still further effort in that direction is needed, and that the only panacea for the ills of the profession is to be sought in legislation. As this panacea, however, has heretofore been found so invariably unsatisfactory, the inference that would naturally follow is that those who made the application for this means of relief had not a very clear conception of what was really needed or what could be accomplished by legal enactment. In the first place it should be distinctly understood that legislation, which is calculated to best serve the public, will also be for the best interest of the profession, though at the same time the measures need not be so framed and adapted as to suit only the condition of the popular mind, fancy, or fashion. Medical politics is in the present day, in fact, demanding the attention of every physician who has the interest of his profession at heart. That which serves to direct more especial attention to this subject, and which

An abstract of paper read at Meeting of Northern Medical Association.

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makes its contemplation important, and, indeed, unavoidable, is the existence of organized and legalized quackery. Attention to the education of the public, and the directing of public sentiment in this matter, are of more importance, and will better serve to promote the best interests of the public, and of our profession, than will any appeals to legislatures, unless it be for the unconditional repeal of all former legislative acts in the interest of quackery. Quacks have been ever ready and quite successful in appealing to legislatures; an unenviably conspicuous place being occupied by Pennsylvania in conferring legislative favors in this direction. The grant of a charter for a so-called homœopathic college, the first in this country, and, we think, in the world; a reproach to the legislative intelligence of the nineteenth century was the act of a Pennsylvania legislature. The absurdity of an appeal to the legislature for legal sanction to substitute and teach the vagaries of Hahnemann as the basis of a so-called system of medicine, in place of that based upon science, is perhaps, sufficient to explain what has proven to be an unfortunate omission on the part of the profession; that of a formal protest against any such legislation. To the profession, however, the whole scheme seemed so visionary, or deceitful and crafty, that remonstrance in a formal manner was not deemed necessary. It might be naturally supposed that, even should a charter be granted, but few would be found who would be willing to enroll themselves under a banner so at variance with honesty of purpose, and whose practices must be but a pretence and fraud. Nor did it seem probable that the public would be found sufficiently credulous to afford patronage for the support of a scheme so conspicuously and palpably disingenuous and fraudulent.

Credulity, however, and a fondness for the marvelous have furnished a profitable field for the operations of the quack, and when sustained by legislative sanction, he was ready to avail himself of advantages prospectively so lucrative. Our profession has erred too in suffering these conditions to exist such a length of time without formal action in defence of scientific medicine, and in condemnation of this organized and legalized imposture. Quackery was granted a trade mark by legislative action, and these quacks also bestowed a similar trade mark upon the scientific profession, a name too that has to this day been applied, and the profession has never yet had the valor to formally reject it. The idea of sects in medicine thus had its origin, and has been fostered by thus permitting, without protest, the application of the name allopathy to our profession, thus leading the public to infer that in allopathy we had a sect with an arbitrary and fixed line of practice, from which we could not deviate, and in homœopathy we had another sect with a like fixed and no less arbitrary line of practice. By our profession thus tacitly recognizing the name as it has done an invaluable service was conferred upon homœopathy, placing the pathys on the same plane, making sects in medicine, and path-doctors of us all. Now, no satisfactory legislation can be obtained until the public and their legislators are made to understand that there are no sects in science and that there can be none in scientific medicine, that sects belong to the methods of the quack not to the scientific. Hence no legislation can benefit the public or be acceptable to the profession if the subject is contemplated in any other aspect.

In the bill prepared and reported by the committee on Medical Legislation of the State Medical Society the subject does not seem to have been contemplated in this light. The first section of the bill provides that the examining board shall consist of nine members, to be appointed by the Governor, and they shall be graduates of some legally chartered college or University having the power to confer medical degrees, six of these members to be chosen from names submitted by the State Medical Society. This leaves three members to be appointed by the Governor of persons of his own choice, or from names suggested from some other source. Now, if the intention of this bill is to improve the educational standard of the profession, from what other source can more suitable

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names be submitted, or from what other source can names be submitted by which the interests of the public would be better protected. By the provisions of this bill the members of the Board are simply required to be graduates of some legally chartered college, and if the Governor so inclines he may appoint three quacks from some legally chartered college where path-cure doctors graduate. We all know that those who assume the name path-doctor or any other special name, do so under the pretence that some medicine or means of treatment is possessed by them which is not in the possession of the profession in general. This constitutes quackery and this bill as framed permits the appointment of three such quacks upon the Examining Board. That the Board is expected to be composed partly of quacks the provisions of the bill clearly indicate, the framers merely placing the responsibility as far as possible upon the Governor. Instead of this bill serving to elevate the standard of the profession we can see that the Examining Board may be so constituted that an honorable physician could not serve on it without causing his own debasement. In an educational or scientific sense, legally chartered college has no meaning in the State of Pennsylvania; as no educational equipment is conferred in this State by legal authority, there is consequently no legal standard of educational or scientific attainment. Nor is there any legal standard of attainment in medical science or method of practice, and as these are best understood by physicians themselves, why should any discretionary power be vested in the Governor? In fact, why should the Governor be given the appointing power?

Why not place the appointing power in the hands of the profession? The members of the medical profession, the State Society, for instance, should be quite as competent as the governor, and would better understand the requirements and the acquirements of the members of such a Board. We suppose the answer to this will be, as usual, that the path-cure form of quackery will antagonize such a disposition of the subject, and to this feature we wish to direct especial attention.

In all attempts at medical legislation this quack feature has presented the great stumbling block. We think we will be able to show that this difficulty is more imaginary than real, and that it merely needs to be better understood to be readily disposed of.

We think physicians have erred in attributing to legislatures an agency in establishing quackery that they do not possess and could not exercise. In response to the appeals of quacks legislatures have granted charters for so-called colleges, to have the power to confer medical degrees. Ten or a dozen quacks could make such an appeal, and in the absence of any remonstrance, nothing remains to be done but grant a charter. Those receiving degrees, however, from such a so-called college, practice according to any method they please, and the legislature has no power to direct, influence, or control them. The graduates of the colleges of the profession proper practice, also, according to any theory they please, regardless of any legislative action or agency. The method of practice belongs to the individual, and he exercises his right to practice according to any method he pleases, regardless of the name of the college from which he receives his degree, and the legislature has no voice or power in this particular.

The legislation to be asked for by the bill which we have under consideration is intended to be in the interest and for the benefit of the public, not to serve any class, school, sect, or faction of physicians, and those who claim special methods exclude themselves from place on the board of medical examiners. A special so-called method of practice is a feature which is not within the province of legislative action or control, and our profession should not make an effort to adapt its measures to a condition that does not exist. This bill appearing to emanate, however, from the medical profession, should be in harmony with, and representative of the sentiment, polity and traditions of the profession. The members of the contemplated examining board should be men of high attainments and honorable standing, with no chance for the selection of any others. The choice of special methods of practice must be left to those who

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have passed a successful examination by such a board, and if a demand continues for any special "brand" of doctors, the successful young aspirant may call himself a path-curer or a faith-curer, a high kickapoo, or a great foo joo, and no one can molest him. If among the constituency of the honorable legislators there are babies crying for homœopathy, no doubt some of our young friends would feel that they are equipped and capable for any such emergency.

TRANSLATIONS.

SULFONAL.

GARNIER, in *Le Progrès Médical*, contributes a note upon sulfonal (Bayer) used in insane persons. He finds this drug to possess, when given in doses of 30 to 75 grains, in the immense majority of cases, a somniferous action remarkable and superior to that of paraldehyde, urethan, methylal or chloral. In one case it caused vomiting. No appreciable harm resulted from the doses given above. After their prolonged use, the appetite, digestion, respiration and circulation showed no bad effects. But one sphygmographic tracing was made, and this showed no weakening of the heart after a thirty-grain dose. The same harmlessness cannot be claimed for chloral, when given daily to lunatics.

The best results follow the use of a single massive dose. The drug is insoluble in cold, but soluble in boiling water, from which it is precipitated on cooling. The better method of administration is in fine powder, in cachet or taken in soup at the beginning of a meal. The dose is 15 to 75 grains; the latter for the insane, which is hardly likely to be required by other patients. The purity of the article is of the greatest importance; hence Bayer's is specified. The greatest objection to this otherwise ideal hypnotic is the high price; which, however, may be expected to fall as the drug is used in larger quantities.

DIET OF DYSPEPTICS.

Dujardin-Beaumetz, in the *Revue de Thér.*, thus formulates his dietary rules for dyspeptics:

1. *Dyspepsia with scanty secretion:*—Peptogenic substances, toasted bread, soups, mixture of soup and milk, pulp of raw beef, meat powders, peptones, pepsine and hydrochloric acid at the end of each meal.

Dyspepsia with excessive secretion. Diet purely vegetable, eggs, farinacea and fruit. The eggs should be slightly cooked, and especially boiled. The starches should be in the state of purée of potatoes, beans, lentils, maize flour, oatmeal gruel, oats and barley, alimentary pastes, macaroni and nudels. The whole should be adjusted nicely. Legumes well-cooked in purée, Julienne en purée, purée of petits pois, salads well-cooked, spinach and green beans. The fruit should be stewed, except grapes. Bread should be well cooked, toasted, or the crust alone. No undiluted wine; light beer or milk, the latter with weak alkaline waters.

Dyspepsia with sympathetic troubles.—Diet absolutely vegetable.

TREATMENT OF WHOOPING-COUGH.

Somma gives the following conclusions:

(1) Phenic acid is a useful remedy, especially when given by the mouth. With new-born or very young infants, even in very small doses, it readily causes gastritis, intolerance and toxæmia. Even in infants somewhat older the dose should not exceed a decigramme in twenty-four hours. Inhalations of 1 to 100 cannot be practiced without inconvenience more than three times daily, or more than ten to fifteen minutes at a time.

(2) As to resorcine, he reserves his opinion.

(3) Cocaine gives good results in local applications.

(4) Belladonna, in syrup, is often useful. But in one case, in spite of every precaution, symptoms of poisoning followed its use.—*Revue de Thér.*

Verneuil says that glycosuria is developed frequently in climates where malarial fevers are complicated with hepatic disease. In Tunis, paludism is not attended by diabetes, but by oxaluria.—*Bull. de l'Acad. de Méd.*

PHTHISIS TREATED BY GERMICIDES.

MIQUEL AND RUEFF have instituted at the Rothschild hospital a treatment of

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pulmonary phthisis, by submitting the patients to the following spray, with the atomizer:

Hydrarg. biniodid.	1 part.
Potass. iodid.	1 "
Aquæ destillat.	1000 "

Although denied by some, these authors believe that this spray penetrates the trachea, bronchi and the finer bronchial ramifications. Of 27 patients thus treated, 19 have improved, 8 are stationary; while in two cases the bacilli disappeared.

—*La France Méd.*

THE SEX OF INFANTS.

From a statistical study of over 200 families (over 1000 infants) it results that when the sex of a first child is known, one can determine in advance what will be the sex of infants subsequently born, and how a choice may be made.

The first child having been conceived in a menstrual period, which we shall designate as No. 1, if it be a boy, all infants conceived, for example, in the 11th, 13th, 15th, 105th, etc. menstrual period following, will be boys; while all conceived in the 12th, 16th, 106th, etc. after the first conception will be girls.

Hence if a father who has had a girl wishes a boy, he must count the number of menstrual periods passed through by his wife since her last accouchement, and impregnate her during the 2d, 4th, 6th, or some even number of times, counting always the first impregnation as No. 1.

In cases of twin births with a single placenta, this rule holds good, but in cases where the placenta is double, a superfœtation has occurred.

This rule does not hold good when a second husband is taken; The count must then begin anew with the first child born.—Dupuy, in *L'Année Méd. de Caen.*

FORMULA FOR INJECTION BROU.

℞ Opii,
Catechu.....āā..gr. viiss
Croci.....gr. xv
Aquæ,
Fiat liq. q. s. ad.....f℥ij f℥ij
et adde.
Plumbi subacet.....gr. xxiiss
Zinci sulphat.....gr. xlv

ANTI-EMETIC DROPS.

℞ Sp. menthæ,
Sp. anisi.....āā..♏ lijss
Tr. opii.....♏ xv
Paraldehyd.....℥ ss

Mix the spirits, dissolve the paraldehyde and add the tincture. S.—Take 20 to 40 drops of this, three to five times daily in sweetened water.—Audhoui.

FOR CONGESTIVE DYSMENORRHŒA.

℞ Antipyrin..... gr. ix
Ext. cannabis Indicæ,
Ext. digitalis,
Camphoræ.....āā gr. $\frac{1}{10}$

For one cachet. To be taken every two hours until the pain ceases, but not more than six to be taken.—P. Meniere.

FOR UTERINE HEMORRHAGE.

℞ Ergotæ.....℥iiss
Ferri subcarb.....℥iiss
Quininæ sulph.....℥ss
Ext. digitalis.....gr. xv
M. et in pil. no. c, div.

S.—Two to be taken at each meal. Intermit the medicine every three days.—Gallard.

HOSPITAL NOTES.

JEFFERSON HOSPITAL.

LEAD POISONING.

Da Costa showed two interesting cases of lead poisoning occurring in a mother and daughter. In both cases the blue line on the gums was well marked. The symptoms were headache, pain in the back and constipation; but there was no evidence to show that the poison had affected the nervous system. The history of the cases was that the patients had resided during the summer at Atlantic City, in a new house, with new lead pipes. They noticed the drinking water which passed through those pipes was brackish, and Da Costa thought it had a solvent action on the lead; the poison being in this way introduced into the system as a soluble salt. His treatment consisted in giving iodide of potassium, ten grains three times each day to the mother, with a proportionate dose for the daughter; the bowels to be freely moved by sulphate of magnesia.

GASTRIC ULCER.

Da Costa illustrated the differential diagnosis between gastric ulcer and hysterical vomiting in an anæmic-looking female, aged 30, who gave a history of obstinate vomiting for some years. Twelve weeks previously she inhaled

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the fumes from phosphorus paste, after which she was affected with complete aphonia, and the vomiting from that time became so severe that nothing but ice cream would stay on her stomach. The patient said she had lost forty pounds since that date, and admitted having vomited a mouthful of dark-colored clotted blood on two occasions. She complained of pain and distress after swallowing food—the pain being more marked if any irritating substance was introduced into the stomach. The pain was described as of a "boring" character, referred to the dorsal region.

Examination revealed distinct pain and tenderness in the epigastrium on deep pressure. In reviewing the history of the case, Da Costa said: "The only evidences in favor of the case being one of hysterical vomiting, are the fact that the patient is a female of nervous temperament, and that a disturbance of the nervous system took place when she inhaled the fumes of phosphorus paste. But if we are to regard the case as one of gastric ulcer, which I am inclined to think it is, we have the fact that this obstinate vomiting has taken place for some years, that the patient is undoubtedly anæmic, that there is a distinct history of her having vomited blood on two occasions, that there is pain in the stomach after eating, referred to the dorsal region, and most important of all, gentlemen, that there is localized pain on deep pressure over the epigastrium.

"With regard to treatment, I shall prescribe a milk diet. Sometimes people who can't take milk, even when limewater is added, will often retain it if a few drops of aromatic spirits of ammonia be given with each tablespoonful of milk. Then I think nutritive enemata, with Reed & Carnrick's peptonoids, will be of service in this case.

"The medicinal treatment will consist of $\frac{1}{6}$ grain of cocaine in pill four times a day, with a suppository of 10 grains of chloral morning and evening. The cocaine exercises a healing effect as well as relieving the pain in these cases.

"I have left to the last what I consider most important. *Keep the patient in bed.* This I always insist on. If there was not so much irritability of the stomach, I would be disposed to give iron, silver or arsenic in small doses."

SIGHING.

At the conclusion of the clinic, a very extraordinary case of sighing was shown, occurring in a well nourished man, aged 28. The sighing was quite involuntary, and occurred at intervals of about half a minute. The patient gave a history of mental worry, with depression, for some months. He had marked symptoms of dyspepsia and was constipated. Physical examination showed his heart's action to be rapid, with accentuation of second sound; but no murmur was heard. The urine was acid, amber in color, and sp. gravity 1020. Da Costa called attention to the fact that sighing is a prominent feature of all heart affections except those due to fatty disease. He considered the case of hysterical origin, and ordered $\frac{1}{100}$ grain of hydrobromate of hyoscine every four hours, with three-minim doses of Fowler's solution, three times a day, after meals.

TREPHINING FOR EPILEPSY.

An interesting case of trephining for epilepsy was shown by Nancrede. The patient, a man aged 27, gave a history of a fall nineteen years ago, which on recovery was followed by attacks of an epileptiform character, occurring as often as three or four times every day. The attacks were unilateral, being confined to the right side, and invariably commenced in the thumb, which was flexed on the palm, the fingers being bent into a typical "claw hand." The diagnosis was made of a lesion affecting the thumb-centre in the left side of the cortex. Three weeks ago the patient was trephined over the left parietal region, an incision being made into the scalp of a horse-shoe shape, the convexity being directed backwards and to the right. A button of bone was removed, together with the cicatricial tissue from the old injury, which had involved the dura mater and pia mater to such an extent as to cause pressure on the brain; the result being that the peculiar epileptiform fits were produced. The diagnosis was verified by electrical stimulation of the thumb centres after the affected area had been

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removed, when all the phenomena of the attacks were produced in regular order with great fidelity.

On the morning of the operation, the patient had eleven attacks; but there have been none since.

UTERINE POLYPUS.

Parvin recently removed a polypus from the os uteri, and said that in his opinion the cervical canal was by far the most frequent seat of those tumors. He also performed plastic operations for an old laceration of the perineum, and of the cervix.

PHILADELPHIA POLYCLINIC.

ORBITAL CANCER.

Roberts, at a recent clinic, operated on a case of malignant tumor involving the right side of the face. The patient was a woman, and stated that the disease commenced in the right lower eyelid about twelve months previously. On examination it was found to have involved the eye, the orbital plate of the frontal bone, the entire malar bone and the adjacent portion of the superior maxillary bone of the right side. All these structures were removed after a tedious operation; but meningitis set in which ultimately proved fatal three days afterwards.

VICARIOUS HÆMOPTYSIS.

Baer exhibited at his clinic a patient who gave the following history: She was 29 years; the menstrual flux appeared for the first time at the age of 15, when she began to spit blood, and has done so ever since. The hæmoptysis is of almost daily occurrence, but is invariably increased at the time of menstruation. Her family history was good, and physical examination of the chest revealed nothing abnormal; there being no cough or any evidence of pulmonary trouble.

Eight months previously she began to complain of pain in the lumbar region of a bearing down character. On visiting the clinic a few weeks ago, a vaginal examination was made, which showed the uterus to be slightly enlarged, with some prolapse and elongation of the cervix. A pessary was inserted to replace the womb, and valerianate of quinine ordered. When she visited the clinic on the 29th October, the condition of the womb was much improved, and the bearing-down pains had disappeared. She was ordered hamamelis. Baer considers the case one of vicarious hæmoptysis.

GERMAN HOSPITAL.

RESECTION OF LEFT ANKLE JOINT FOR COMPOUND FRACTURE.

Gross operated on a bad case of compound fracture involving the left ankle joint. The injury had occurred five weeks previously and was attended with extensive laceration of the soft parts, the vessels however escaping.

Conservative treatment with elaborate antiseptic precautions was first tried, but without success, as it was found that necrosis of the malleoli, the articular surfaces of the astragalus and tibia had set in.

The patient having been etherized, an Esmarch's bandage was applied in the hope of having a bloodless operation; but the lesion was so extensive that it was abandoned, it being feared that gangrene of the soft parts would ensue.

A crescentic incision was made on each side of the ankle joint, and a careful dissection of the structures was performed until the bones were exposed. The joint was disarticulated, when it was discovered that the necrosis had involved almost the entire astragalus, and the articular end of the tibia. These, with both malleoli, were removed after a tedious operation accompanied with much hemorrhage. A drainage tube was inserted and the wounds closed antiseptically. Gross considered the prognosis unfavorable, and thought amputation would ultimately have to be performed.

UNIVERSITY HOSPITAL.

GASTRIC CATARRH.

The first case I shall bring before you to-day is manifestly one of chronic gastric catarrh, but from the history the patient gives us there is possibly cirrhosis of the liver. Now, experience teaches us that cirrhosis of the liver invariably commences with morning sickness, with marked enlargement of the gland, due to the fact that the interstitial tissue is increased with chronic congestion of the capsule of Glisson, so that you can

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readily understand that percussion over the hepatic region in these cases is of the greatest importance in enabling us to arrive at a diagnosis.

Here we have a patient, aged thirty-five, who admits having consumed a large quantity of beer for some years. He tells us he has lost 40 lbs. in weight during the past twelve months; that he has morning sickness and chronic diarrhœa. On examination we find that there is no tenderness on pressure over the region of his liver; that there is no abnormal dulness over that organ; that the two sides of the abdomen are equally yielding; there is no evidence of piles or of portal obstruction, so that we may safely say he has no cirrhosis of his liver.

Gentlemen—cirrhosis of the liver may arise from the abuse of any form of alcoholic stimulant; but is the most usual accompaniment of dram drinking; that is drinking undiluted whisky on an empty stomach.

We find on examination that this man's heart is very rapid, but there is no murmur, his pulse is 144, his respiration 45, that his diaphragm is acting violently, and that there is marked tremor of the muscles. With regard to the loss of 40 lbs. in weight during the past twelve months it is clear that this man, from his mode of living, was puffed up with useless flesh, which in these cases is invariably lost with great rapidity. I have no doubt but that this is a case of chronic gastric catarrh, the result of alcoholic stimulants; and that the condition of the heart, respiration and pulse, are explained by the constant irritation which has been set up in the mucous membrane of the stomach.

But there is a complication present which has an important influence on our prognosis. Two weeks ago we are told that he vomited a large quantity of blood. On examining the lungs I find there is nothing abnormal in front; but when I percuss the posterior aspect of the right lung I find marked dulness, with scattered rales and increased vocal resonance on auscultation. I do not know if there has been any discovery of tubercle bacilli in the sputum.

This pulmonary complication can hardly affect our primary treatment of the case. We must first put the stomach in order, as at present it can retain nothing. I shall order absolute rest, and nothing but milk diet, and nitrate of silver in pill, with a small quantity of opium. The pulmonary trouble I shall treat with sedative inhalations. When the stomach and bowels are in a better condition I would be disposed to give him cod-liver oil with lacto-phosphate of lime. I expect that when the gastric irritability subsides, the general condition of the patient will also improve.—(PEPPER.)

PHILADELPHIA HOSPITAL.

PARACENTESIS THORACIS.

Bruen tapped the right pleural cavity to remove an effusion resulting from a former pleurisy. The existence of dulness, changeable with the position of the patient, having been made out, an aspirating needle was thrust into the seventh intercostal space in the mid-axillary line. About half a pint of amber colored fluid was withdrawn and the aperture closed with adhesive plaster. Bruen impressed on his hearers the necessity of passing the needle horizontally to a depth of three inches, so as to make sure of getting it through the skin, the intercostal muscles, and the parietal layer of the pleura. He advocated the use of a small needle, and the withdrawal of a small quantity of the fluid at each operation, so as to avoid too sudden expansion, and consequent laceration of the lung tissue.

SPINAL TUMOR.

J. William White, in exhibiting the patient on whom he had operated a week previously for spinal tumor, said: "How far the patient will be benefitted by the operation I am unable to say, but he is quite over any danger that might have resulted, and, therefore, I shall not bring him before you again for some time, as the case has lost its interest as one of acute surgery."

SYPHILITIC ERYTHEMA.

White exhibited two patients, middle aged males, who were covered with secondary syphilitic eruption, which he classed as superficial erythema. He said it was important to remember that in those cases in which eruptions that are classed amongst the later

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phenomena, occur early, there is usually danger of profound and deep-seated trouble, and the treatment should call not only for the exhibition of anti-syphilitic remedies, but the general health of the patient must be supported by tonics and generous diet.

GONORRHŒAL RHEUMATISM.

White brought before the class a female patient for the purpose of showing the difference between ordinary rheumatism and that due to gonorrhœal infection. He said:

"Gentlemen, in this case it is interesting to know whether we are dealing with a case of acute rheumatism of idiopathic origin or one due to joint infection from gonorrhœa. There is a history of gonorrhœa three weeks ago, followed by enlargement of the right wrist-joint, which is painful and tender on pressure. There has been no rise in temperature, no acid, strong smelling perspiration and no evidence of cardiac affection. There is no personal or family history of previous rheumatism. If a patient comes to you and says, "My knee or ankle or wrist-joints are swollen," and you find there is but slight elevation of temperature, that the urine is but slightly altered, and that there is no acid perspiration, you may be safe in dealing with it as a case of gonorrhœal rheumatism, especially if there is a history of previous gonorrhœa. In rare cases, however, gonorrhœa and acute rheumatism may co-exist, which would render the diagnosis difficult. I have no hesitation in pronouncing this case one of gonorrhœal rheumatism, which is about the most troublesome joint affection you can be called upon to treat. That it is a mild form of pyæmia is the theory now most accepted. The pathology of the disease seems to be that it is due to the absorption of pus into the system from the urethra or vagina. It is much more frequent in the male than in the female—the proportion being about 10 to 1; its prevalence in the former being explained (if we accept the pyæmic theory) by the fact, that the long urethra presents a greater surface for absorption of the purulent secretion.

"With regard to treatment, it may be laid down as a general rule that the iodides and salicylates are of very little use. The plan I have adopted is to give large doses of sulphate of quinine—say five grains, six times a day during the acute stage. This I follow with small doses of the mercurials—1-24 gr. of the bichloride or $\frac{1}{3}$ of a grain of the proto-iodide of mercury. The affected joint is placed in a fixed splint and wrapped in cotton wool. I have had the most excellent results from this line of treatment in a very large number of cases."

ORTHOPÆDIC HOSPITAL.

FALSE ANCHYLOSIS.

Hunt showed a man, aged thirty-five, an iron moulder, who, twelve weeks previously had been operated on in the Pennsylvania Hospital for a large abscess of the left hand. The middle finger had been removed at the metacarpo-phalangeal joint, and the burrowing of the pus had caused matting of all the tendons with inability to flex the fingers. As the patient was unwilling to have forcible flexion made under ether, Hunt advised him to try steeping the hand in warm soap suds with passive motion every day to accomplish the desired result.

MEDICO-CHIRURGICAL COLLEGE.

REMARKS ON CASES PRESENTING ŒDEMA OF THE LOWER LIMBS.

The condition known as œdema of the lower extremities due to disease of the kidneys, with its attendant anæmia is well illustrated by two cases I shall bring before you this morning. Both are female patients. The first is a woman, aged 40 years, a housekeeper by occupation; she is married and has had seven children. She tells us that with each of her later pregnancies she has suffered with marked œdema of the lower limbs which, however, completely disappeared after delivery. Her youngest living child is two years old; but a miscarriage took place five months ago, and the œdema which then existed has since become persistent. She says that her feet and ankles are always more swollen at night, after a hard day's work, than in the morning when she rises. There is no albumen in her urine at present. With regard to œdema of the limbs occurring during pregnancy an interesting pathological question arises as to its cause.

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During pregnancy there is some hypertrophy of the left ventricle, with temporarily increased arterial tension. This of course tends to produce an interstitial nephritis; therefore, in all cases of pregnancy with œdema, it is important to examine the urine. Not that we attach much importance to the proportion of albumen, but the specific gravity taken in conjunction with the quantity of urine excreted is of great consequence. In other cases of œdema in pregnancy the cause is a mechanical one, and is due to pressure of the gravid uterus on the large veins of the abdomen, the venous circulation being impeded. This condition ends with parturition.

You will observe, gentlemen, that this patient has no œdema of the face or eyelids, and that there is not the "pasty" appearance characteristic of one suffering with kidney disease. The pulse tension is not increased. Examination of the heart shows that its action is a little rapid, probably from the excitement of attending the crowded clinic. On listening with the stethoscope over the pulmonary valve we can discover a soft anæmic murmur with the first sound; but there is no evidence of valvular disease at the aortic or mitral orifices; therefore there is nothing in the clinical history to warrant our making a diagnosis of actual kidney disease, or of organic heart affection. We may regard the œdema as due to simple anæmia resulting from poverty of the blood, and shall prescribe some tonic preparation of iron—the bitter wine, for example—in order to increase the number and improve the color of the red blood corpuscles.

The next case, gentlemen, is also one of œdema of the lower limbs, existing in a colored woman, aged 42; but arising from a different cause. The œdema is really due to a combination of cardiac and renal disease. On examination of the urine, we find albumen and casts in abundance. Examination of the eyes shows the existence of albuminuric retinitis, together with atrophic changes in the choroid; while auscultation over the cardiac region tells us that a mitral systolic murmur is present at the apex.

We shall place this patient on Basham's mixture, half an ounce four or five times a day; and for the purpose of withdrawing some of the serum from the areolar tissue, we will order a hydragogue cathartic pill containing $\frac{1}{3}$ grain gamboge, $\frac{1}{4}$ grain elaterium, with $\frac{1}{3}$ grain ext. of opium, to be taken at bedtime.—WOODBURY.

PHARYNGITIS.

WAUGH says that this generally begins with a burning or itching over a small spot, frequently starting at the uvula; whence it spreads upward, backward and downward. It can often be aborted by touching the affected spot with a solution of nitrate of silver gr. v. to ℥j. He has tried cocaine a number of times, but finds it unsatisfactory; for the trouble is thus allayed only temporarily, coming back perhaps with increased severity. If the disease has passed the abortive stage, let the patient hold ice in the mouth, apply cold or hot compresses over the throat, and give this preparation—his "diphtheria mixture."

℞ Potassæ chloratis pulveris.....℥ j
Acidi hydrochlorici U. S. P.....℥ jss
Misce et adde
Tincturæ ferri chloridi.....℥ ij
Aquæ q. s. ad.....℥ iv
Sig. Teaspoonful every two hours, with no water.

This is almost strong enough to make one choke, but its effect in jugulating an acute pharyngitis is remarkable.

WAX IN EAR.

ATKINSON prescribed the following solution for a child's ear filled with wax:

℞ Liquoris sodæ chlorinatæ....gtt. v
Zinci sulphatis.....gr. ij
Aquæ rosæ.....fl. ℥ ij M.
Sig.—Drop in, two times a day, after washing the canal with warm salt water.

GASTRIC CATARRH.

WAUGH says it is singular that catarrh is so often called dyspepsia, and that patients are thus treated wrongly numberless times. Dyspepsia is, compared with catarrh, a rare disease. Here is a combination of medicaments which, he says, is of great service in most catarrhs:

℞ Sodii carbonatis.....℥ ij
Vini ipecacuanhæ,
Extracti rhei fluidi.....ãã..f ℥ ij
Syrupi rhei .....q.s. ad..f ℥ iij M.
Sig.—℥ ij in a glass of hot water an hour before meals.

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The soda dissolves the coating of mucus in the stomach. Ipecac in small doses increases the gastric juice. Rhubarb carries off by the bowels the morbid products, and in addition increases the flow of the intestinal juices. The prescription is not to be continued too long, lest the patient become debilitated.

CONJUNCTIVITIS PHLYCTENULOSA.

This lasts, on an average, about eight days. Prognosis, if treated properly, is favorable. Treat with cold compresses if the cornea is not involved, and use on the eye either calomel or unguentum hydrargyri oxidi flavi. If calomel is used, do not give it to the patient, but dust in a little, carefully roll the lid over the ball for a few moments, and then remove the calomel with a soft cloth from the eye. People will generally allow the calomel to remain on the eyes of a child affected, and thus more irritation is set up than you care to have. Cases in scrofulous children are obstinate. I know of nothing else so good to tone up these children as salt baths. Make a strong solution of rock salt—as it is cheap—in a tub of water. Wring towels out of this water and allow them to dry. After removing the child from the water have it simply wrapped with these towels. Considerable salt is thus left on the body, where it is dissolved by the perspiration and still farther absorbed. This bath should be given two or three times a week. KEYSER.

LENTIGO.

Freckles is a disease, and in the case of a girl often a highly disfiguring one, says Shoemaker. Solutions of boric acid and corrosive sublimate are good here. Still better is to touch each freckle with carbolic acid. This destroys the epidermis, and of course the pigment spot with it; but the process is painful. Best of all, perhaps, is galvanism, ten to twenty cells. Put the anode on the back of the neck and pass the cathode over the face.

COUGH MIXTURE.

To a boy of thirteen Atkinson gave this cough mixture:

℞ Ammonii muriatis.....ʒ ij
Syrupi senegæ.....ʒ ss
Misturæ glycyrrhizæ comp....ʒ iv M.
Sig.—ʒ j, every three hours.

OÖPHORECTOMY.

Within the last two weeks Montgomery has performed oöphorectomy twice at his clinic. In each case the ovaries had undergone cystic degeneration. Both patients recovered most satisfactorily, the temperature in neither case rising above 101°, going thus far to prove that these operations, with proper care, can be performed with impunity before a large audience.

EYE OPERATIONS.

KEYSER performed four operations at his eye clinic, November 2. One was the removal of a meibomian cyst through the external aspect of the upper lid, because the cyst was on the outside of the tarsal cartilage. The second was an operation for strabismus. He then enucleated, without ether, an eye for traumatic injury. And the last was the evisceration for anterior staphyloma of a young child's eye. He did not like to operate in this case, for by the time the child grows up, the lids will be atrophied too much to give a good appearance with a glass eye; but the staphyloma was growing so fast he had no choice.

HERPES ZOSTER.

For a case of unilateral "shingles" of the right intercostal region, Shoemaker gave this treatment:

℞ Ferri pyrophosphatis.....gr. xxx
Acidi arseniosi.....gr. j
Quininæ sulphatis.....gr. xxx

Ft. pilulæ in no. xxx.
Sig.—Take one, ter in die.

Apply the following ointment:

℞ Unguenti hydrargyri oleatis,
Unguenti aquæ rosæ.....ää..ʒ j

TENOTOMY.

Apropos of a case of tenotomy, Pancoast said he proposed inserting the tenotome over the tendon instead of under it. Upon making the tendon tense it cuts itself on the knife.

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PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, NOVEMBER 15, 1888.

EDITORIALS.

INFANT INSURANCE.

IN one of his earlier works, Carlyle adverted to the evils of infant insurance, mentioning a case where several children had been murdered by their own parents for the sake of a few shillings.

Now, the same subject is being discussed in England, and it is proposed to forbid insurance of children under three years of age.

Of late years this very questionable form of insurance has become quite prevalent in this country; a number of companies being at work in this city.

We have had an opportunity to observe the practical workings of these companies for some years, and look upon them as very objectionable in many respects. While we have not known any case wherein there was a suspicion of child murder, or even of death by wilful negligence, we have noticed many cases in which there was not that anxious scrupulous care of children who were insured, which in critical cases may make the difference between life and death. Parents are a little more lax in sending for the doctor, in nursing the child and caring for it; they are entirely too easily reconciled to its death, when that sad event brings into the family coffers a hundred dollars more than the funeral will cost.

The enormous cost of collecting the weekly installments renders this the most costly form of insurance in existence. If children should be insured at all, there should be devised a better method than one in which one-half the premiums are expended in the cost of collection.

Finally, it must be admitted that in many cases this insurance does not insure.

In a policy left with us for safe keeping we read the following conditions, all which had been agreed to by the person taking out the policy:

1. The payments were to be made weekly, and while the company sent its agents to collect the premiums, it did not agree to do so, and the failure of the agent to call for the money did not relieve the person insured from the duty of paying on the days appointed.

2. Should such payments not be made on the proper days, the policy becomes null and void, and the subsequent collection of this and future payments by the company does not reinstate the policy holder.

Under this remarkable scheme the collector may come once a day late; then resume his regular visits, and collect for twenty years; and when the person dies, the policy is found to have been worthless ever since the first lapse.

It may be taken for granted that of those who are silly enough to sign such an agreement, not one would prove wise enough to carry the money to the central office every time the collector failed to appear before the hour for closing. Consequently, it is probable that not one of the policy holders in this company is really insured today; and, when deaths occur, payments are made only from policy, not by right. Some fine day, when calls become frequent, and the harvest has been reaped, we expect to hear of this company packing its gripsack and betaking itself to another land.

This condition is largely the fault of the regular insurance companies, which should have furnished to the working classes facilities for insurance in

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amounts within their reach. A policy for $100, at the age of thirty-three years, would cost about one-fourth the amount which is charged by the instalment companies; and this would be lessened by the dividends.

ANNOTATIONS.

DR. AGNEW'S RETIREMENT.

THE announcement that Professor Agnew contemplates an early retirement from the labors of his chair has created a sensation. Dr. Agnew is the last of that group of great surgeons whose achievements shed undying lustre upon Philadelphia surgery. It seems but a short time since Gross and Pancoast, Smith and Agnew were the four great surgical colossi of our city; but we realize the flight of time as the last of them now steps down from the rostrum, and we note the whitening locks of their successors.

A new race of surgeons has sprung up, trained in the school of these masters, but with a thoroughness of cultivation which the latter never enjoyed. The surgeon of to-day is better educated, more deeply versed in pathology; he has more positive grounds on which to base his conclusions, and hence he appears to be bolder than his predecessor. But we miss something of the grandeur of the old school. There are brilliant operators to-day, men profoundly versed in the love of the German schools, excellent teachers and good men; but these older men we looked upon with something of the reverence we felt in childhood towards the dignified old Scotch pastor, who patted our heads and asked us to repeat the "Effectual Calling."

Dr. Agnew has not waited for age to crowd him out of his chair. Still in his prime, he retires to devote his remaining years to the practice of his art. The University may fill his place with a capable teacher of surgery, but it will be long before she finds one who, by the love and respect which are felt for him by the profession, will prove such a tower of strength, a refuge in time of need, as D. Hayes Agnew.

But, "the king is dead, long live the king;" and already the question is discussed, who shall put on the giant's robe? If the University follows her late traditions, she will select one of the group of surgeons bred within her own walls. It would be difficult to find men of greater promise than White, Deaver, Roberts, or others whose names are familiar to all our readers.

But it is not always considered the best policy to promote those whose interest is already secured to an institution by a subordinate position; and men who are brought from abroad are supposed to bring a large part of their classes with them. And though we breed many skilful surgeons in the great Eastern cities, it seems that for phenomenons, for those of the loftiest mental stature, we must go to the malarial belt. Gross, Sims and Bozeman, and many other of the leaders in surgery have been developed in the West and South.

So that if Hunter Maguire, or Senn, of Milwaukee, can be induced to accept the position, it is more likely that one of them will succeed Agnew than that a local man will be selected.

LARD vs. COTTON SEED OIL.

IT is a remarkable fact that the code of laws laid down by the great Hebrew leader should, after the lapse of four thousand years, be found eminently fitted to be the guiding rules of human life. Modern science has repeatedly demonstrated the value of these laws, the reasons for which could not possibly have been known at the time they were promulgated or for many centuries afterwards. We have assured ourselves by direct experiment and by observation that the man who keeps the Sabbath as a day of physiological rest will do more and better work in the long run, will live longer and have better health, than the one who works the whole week, or fails to rest on the seventh day in a physiological manner.

Even for the latest results of our so-called civilization, the overworked brain of the nineteenth century, there is no remedy comparable to the Sabbatical year of Moses.

As to leprosy, the rigid non-intercourse prescribed by him has been

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demonstrated to be necessary by the terrible experience of the Sandwich Islands. In many of the details of personal hygiene, intercourse with the sick, the relations of the sexes, etc., the regulations of the same code are appropriate to-day.

And what of the hog? Moses knew not trichina, nor the abominations of the modern manufacturer of lard and sausage. though he may have had some practical acquaintance with dyspepsia. Nevertheless, he objects not to the legumes, he makes no mention of pie, overlooks cheese and hard-boiled eggs, but levels such a deadly blow at the hog that for forty centuries he has restrained his people from using it; and even transmits his anathema to another faith; that of Mahomet.

Although trichinosis has not as yet induced any but a few timid persons to forego the use of pork, it may well be that the next half-century will witness the discovery of other and still more cogent reasons for the Mosaic prejudice.

Just now we have before us the very remarkable spectacle of the authorities endeavoring to prevent the adulteration of lard with a product which is in every way better and purer than the lard itself. If some one will kindly set on foot a prohibition movement directed against the great American hog, the country may get through its thick head the fact that we have in cotton-seed oil a substance just as useful, as available in the kitchen, and infinitely cleaner, purer and more wholesome than the hog product. Some years ago, cotton-seed oil was introduced under the name of olive butter, in the form of a liquid oil. But Bridget has been accustomed to lard, and doesn't take kindly to oil; so that to induce her to use the latter it must be made up to imitate the animal fat.

When this is done we may be induced to utilize this valuable product of our own country without first shipping it to Italy to be returned as olive oil.

ENTRANCE EXAMINATIONS.

A good illustration of the dislike with which students look upon entrance examinations is given in the experience of Westminster School (London). This school offered an entrance scholarship in science of the value of 100 guineas; but the prize was not competed for, as there were no candidates.

And yet it would seem that no more beneficent regulation for the student could be imagined than the entrance examination. If he be unfitted by lack of education or by mental constitution for the work of the profession, how much better it is to know it at once, before wasting years of labor and hundreds of dollars in preparation. It is for the student's benefit and contrary to the college's pecuniary interest that such an examination is exacted.

In this connection we may cite an example which will answer a question often asked, viz.: "Why do the medical colleges favor the passage of a registry law which will seriously curtail their franchises?" Two students waited upon the writer to protest against the admission to the class of a candidate from their own town, as they stated that he was looked upon as of feeble intellect, and they added: "We do not wish our neighbors, to whom we have spoken of our severe entrance examination, to say that it was so easy that an idiot could pass it." We replied that they could rest easy, as the person in question had in writing to us spelled the name of this state: "Pensilvania;" and consequently it had not been considered necessary to submit him to an entrance examination.

We regret to say, however, that this phonetic etymologist is now a Doctor of Medicine; and, we presume, is practising medicine in a manner as unique as his spelling.

What was the net result of our effort to elevate the standard of medicine in this case? The fees transferred to the treasury of another college; complete failure to protect the people and the profession; indifference of other students to the claims of advanced education, as "it is much easier to get a diploma elsewhere, which entitles one to the same privileges."

WINTER RESORTS.

IT is not the least of Florida's misfortunes that the yellow fever epidemic will put a stop to the annual

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ingress of invalids, at least for the coming winter. Although there may be really no danger of yellow fever, the fear of it will be enough to keep away thousands of timid visitors.

But where are they to go? Probably hundreds of our readers are being besieged with this question. With Florida out of the running, the other winter resorts will find their opportunity. The hilly parts of Georgia and the Carolinas, the San Antonio region in Texas, Arizona and Southern California, will each be benefitted somewhat by the misfortune of the Flowery Peninsula.

It will be safe to predict that the locality which is best suited to take the place of Florida will not be so apt to do so as that one which displays the most business ability. Hotels and railways which advertise best, and local physicians who most intelligently write up the virtues of their localities, will reap the golden harvest; while modest but unknown worth may remain in obscurity. The "gem of purest ray serene" may lie for æons in "the dark, unfathomed caves of ocean," and it is as worthless as a bit of sandstone until it receives true value by coming into human possession. So, there may be bits of this earth specially designed to become resorts for the consumptive; but unless the latter knows of them they are worthless to him.

The *American Lancet* gives an excellent example of how to discuss a matter in dispute without abuse or any display of ill-humor. To such friendly criticism the TIMES will always give heed, as it would not willingly forfeit the good opinion of its fellows. Our objection was directed against strictures which were based on envy, by journals, one of which was doing the very thing it blamed us for, and the other was printing a statement that it advertised no trade-marked preparations, when the next page contained just such an advertisement. We are perfectly willing to discuss the question of "specials" in the spirit shown by the *Lancet*, and if the sense of the profession be against them, they will have to go. But on entering the field of medical journalism we find the great majority of our journals making use of these advertising notes; and especially the journals which have approved their fitness by obtaining the largest number of subscribers. If the profession endorses them in this way, if they are so common that a journal is looked upon as hypercritical which does not give them, the conclusion of the TIMES was that it should accept the inevitable, and try to give its specials character by making them better than any others. The specials which say "Read the advertisements," "Send for Joblot's samples," etc., seemed to us ineffably silly; and we believed we could supply some which, being based on actual practice, would be of use to our readers as well as to the advertisers. Perhaps it may ease the minds of those who have no belief in any authority emanating from America, to know that the *London Lancet* recently published a "special notice" in which it described the sample, and stated that it had been in use in a certain case, which was described.

As the *American Lancet* candidly says, "This advertising matter is one of the difficult problems of honest medical journalism." But as long as there is such a diversity of practice among journals equally reputable, we must not undertake to dictate to our neighbors what course they must adopt. What with trade journals, parasite and piratical sheets, publisher's advertisements and catalogues, and other publications invading the field, the lot of the legitimate medical journal is not a happy one, and he must be allowed some latitude. How far this is to extend, he must judge for himself. The TIMES has never raised its voice in condemnation of its neighbors for any device which was not *honest*; nor has it hesitated to condemn dishonesty and falsehood. But we must request the *Lancet* not to speak of us as "editorially praising the wares of advertisers." The editorials of the TIMES have never been prostituted to such a purpose; its special notes are placed where they belong—in the advertising pages.

That the new University Medical Journal is not looked upon abroad as filling a long-felt want, may be inferred

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from the following note, taken from *The Medical Press and Circular:*

Dr. Hummel (Philadelphia).—Sorry we cannot exchange; our list is already too full.

We cannot conceive why such items should be published. What interest the readers of the *Press* have in the fact that a Philadelphia doctor wants to exchange and the *Press* doesn't want it, is difficult to see. None of the English physicians we have met appeared to be snobbish enough to feel tickled by such a very small thing. Why not send the message on a postal card, and keep the space for something of more value?

The same remark applies to the *N. Y. Medical Journal's* curious custom of printing answers without the queries, or any clues by which the reader could guess what they are about.

When the Medico-Chirurgical College first opened its doors, there was some jealousy manifested by friends of the Jefferson and University, who thought the competition of a third school would draw off some of their support. In point of fact, although the new college has this term over 120 matriculates, the University has the largest class ever recorded on her books, and the Jefferson has the largest she has had for many years.

The same result followed when the second Dental College was opened in Philadelphia. More students are attracted to the city by the choice of three schools than by but one.

It would be a good thing for the Polyclinic if another similar school were organized.

LAGNEAU, in a very interesting communication to the Academy of Medicine, discusses the reasons for the disappearance of family names. Not only in France, but in other European countries, it is found that the old family names gradually disappear, until in two centuries scarcely one-fourth are to be found.

He shows that in order to keep a race in existence, an average of four children to each marriage is necessary; taking into account the deductions due to celibacy, sterility and early death.

We have received a Louisville daily journal in which a travelling pair of alleged oculists boldly advertise a recommendation signed by a number of the leading Louisville physicians, headed by Dr. D. W. Yandell. We cannot congratulate Dr. Yandell upon being in good company, when parading as endorser of advertising quacks; even though the infliction is shared by as undoubted *bon compagnons* as Larrabee, Matthews, Wathen, Ouchterlony and Marvin. There is evidently a trick in the matter, as these men would never have knowingly consented to such use of their names.

The coming bazaar of the Medico-Chirurgical Hospital has aroused a degree of interest in this city which is quite unusual in affairs of this sort. The managers are besieged with persons suggesting novel and beautiful features, while the rush for places as aids is unprecedented. One of the managers informed the writer that she had seventy aids appointed for her table alone. We will not be far wrong in stating that every pretty girl in Philadelphia is enrolled in some department of this bazaar. No such interest has been shown in a like enterprise since the great Sanitary Fairs held during the war.

PARIS LETTER.

PHTHISIS.

THE treatment of pulmonary phthisis is always a subject that is interesting, owing to the frequency of the disease; but it does not seem to have made much progress in modern days, certainly not by attacking the occasional cause. The list of drugs that were supposed to cause cicatrisation of the pulmonary ulcer is now a long one, comprising all the so called antiseptics, antiparasitics, anti-bacillæ etc. At the present moment inhalation is in favor. First of all, air charged with all sorts of odors or simply pure country air is advised, either warm like the south of France, or very cold like the high mountain air of Switzerland. Of all forms of treatment *the high pure air* is one that has now the ascendency, and sanatoria of all sorts are the order of the day. One of the latest ideas is to put up

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large hotels in the range of mountains in Savoy, over the town of Aix les bains, and run switchback railways up the slopes to reach them. One of our best men says that the most simple treatment is the best, and that we should give drugs only with the greatest circumspection, and certainly never give those that disturb the functions of the stomach; also do not send patients off to places where they are not known, unless they are well enough off to purchase the comforts they have at home.

Two grand principles should be kept in sight in the treatment of tuberculosis. One is *permanent sojourn in open air*, and the second is *suralimentation*. In order to fulfil the first it is not enough to keep them out all day, but to see also that they have pure air all night as well. It is this last point that causes all the trouble. The atmospheric air of a room is rapidly altered in character by the presence of man. Of this it is easy to convince any one by having him enter a room that has been slept in over night; he to come from the fresh air out of doors.

The causes of this alteration are numerous. First: Insufficiency of oxygen. The daily consumption of this gas by a man should be 530 quarts in volume. Next is the increase of carbonic acid gas; of which we exhale some twenty quarts per hour; and then we also exhale volatile products such as sulphuretted hydrogen, ammonia and probably toxic substances similar to the ptomaines. Fourthly, the micro-organisms. It has been lately proved by such experimenters as Professor Brown-Séquard, that it is not so much the increase of carbonic acid gas exhaled and the want of oxygen, but also a want of nitrogen; and this last gas which exists in the air has an immense importance, of which we are only at present seeing the value. Added to this is it more than probable that the human breath carries more poisons that need to be purified in *complete air*, not in oxygen alone. A final reason is the temperature of the room.

Professor Bouchard terminated his lessons this year by saying, "your phthisical patients must live all day in the open air, and sleep with the window open at night; but the temperature of the room must not fall below 8° degrees centigrade." Professor Jaccoud says that he does not advise the American plan of keeping the windows open winter and summer, but he advises leaving the window open in the next room; but not letting the temperature fall below 10° centigrade. At Davos each window has an aperture that is never closed, and the fires are allowed to fall to 10° degrees in the house. A second point is not to stay in the bedroom except during the hours of sleep, when possible. And in all cases the patient must sleep in a room with an open fire place. We have no means of telling if a room is pure or not, except that on entering it in the morning it should smell sweet. The windows may be closed during dressing and undressing, and the patient should wear a whole night suit of flannel, the drawers and socks being important, but the covers of the bed are never to be heavy; of course it is best to begin in the summer; but it can be done in winter with precaution; the only danger is in those who sweat, and they must be treated first and hardened to the air treatment, which is the most reasonable of all known methods.

ANÆMIA.

Anæmia is a word that is constantly heard, and Professor Germain Sée took up nearly all his last sessions lectures on the subject of *Real and False Anæmias*. He found that there is no greater fault than that giving iron to every pale patient one sees, and if by anæmia we mean a deficiency of red blood corpuscles, then there are *very few real anæmias*. In fact the real anæmias are but three in number. *1st. Total anæmia*, when from some great hemorrhage there is a diminution "*en bloc*" of all the elements of the blood. *2nd. Chlorosis*, which is characterized by a functional defect in the hemoglobine, which according to Dr. Sée does not mean that there is a diminished number of the globules, but a malady of the hemoglobine itself, while the number of the globules may remain the same. *3d.* And last is the anæmia called

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spontaneous, where without hemorrhage there is a diminution of the hematics.

Outside of these three types there is no real anæmia, but an immense number of false anæmias which Professor Sée divides into classes. First is the class of those patients who suffer from *inanition* from a number of causes, most prominent of which is insufficient nourishment; and just here iron will certainly do no good, while a good beefsteak will work wonders. Not only, however, does this class of poor pale people consist of really indigent classes, but also of the so-called anæmics who live according to a badly combined regimen. Another class of this form is the *apneics* or those who get pale from insufficient respiratory alimentation; these are the room workers in a close atmosphere, and whose blood is quite rich in globules; all the same they are pale, since it is air they want and not iron. A further class is the *worn out or fatigued cases*, who are pale and tired from hard work, be it muscular or mental, or again from too much alcoholic or sexual stimulation. Still one more class of false anæmias is the worn out class from disease, albuminuria, diarrhœas, fevers, dropsy, etc., etc.; but none of this lot are really anæmic, and if their blood globules are counted they will be found as great in number as in healthy persons.

Still another group is the poisoned class, who are cooks and workmen in noxious vapors, whose blood is charged with carbonic oxide, or carbonic acid gas or lead poisoning; they are also pale, but they have nothing to do with real anæmia. Finally, there is what Dr. Sée calls the *virulent class of false anæmias*, which includes scrofula, tuberculosis, syphilis, rheumatism, malaria, cancer, and other maladies which all produce paleness of the tissues, and a weakness which recalls the classic symptoms of anæmia, but the hematoscopic characters are quite different in all these cases from real anæmia, and the alteration of the blood is here of a virulent kind quite different from anæmia. This study of Prof. Sée's is of great practical merit in a therapeutic point of view, because it teaches that iron is useless in a great number of these false anæmias, and it should not be given in a careless way to all pale patients, as it will only provoke digestive disorders that are worse than the patient's illness itself. In the present scientific era iron should be given where the indication is clearly shown by hematoscopic examination, and not distributed to all this mass of pale people, who should have the real cause of the pallid appearance carefully sought for, and the real remedy applied; whether it be suppression of the cause, as in inanition cases, where good food properly given will cure; or in the class of intoxication of the blood again, suppress the poisonous gases or the lead, etc.; while for the paleness resulting from diseases, it need not be told to an intelligent physician that he is at fault if he misses the real disease, and calls a false anæmia a real one, and gives iron in place of a disease medicine.

CARBOLIZED CAMPHOR.

Carbolized camphor is the name of a preparation that is used by Dr. Gaucher, one of our Paris hospital physicians, in the treatment of diphtheria. M. Gaucher looks upon diphtheria as a local accident that precedes general infection, which is sure to come on from the presence of the false membranes on the pharynx; and he thinks that the membrane should be destroyed at once, and at all risks.

He takes from five to ten grammes of carbolic acid, and from 20 to 30 grammes of camphor, dissolved in 60 grammes of alcohol at 36 degrees, and then adds an equal volume of sweet oil; this caustic solution is applied on a little cotton wound on a probe, and the false membranes are rubbed with it until they are detached, when the denuded surface is touched with the solution, and the operation is repeated morning and evening. During the intervals a solution of carbolic water is used to wash out the throat (100th). M. Gaucher reports 16 cures in 16 serious cases he had, but states that the method is very painful, even when the throat is first touched with a solution of cocaine of two or three per cent. It is however a method that should be tried in adults, as children would not support the pain.

PARAPHENACETINE.

Paraphenacetine is a new product that M. Dujardin-Beaumétz has already

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spoken of several times to the *Société de Thérapeutique*. He says that it has certain advantages over the medicines used to combat pain lately; that is antipyrin and acetanilide. This last product is now considered by all physicians in France as a dangerous remedy to make use of; it certainly brings on cyanosis and other troublesome symptoms. Antipyrin is by no means so dangerous and Prof. Germain Sée claims that it is harmless outside of some slight cases of eruption which had no bad results and a little gastric disturbance sometimes. M. Dujardin-Béaumetz claims for the newest product, that it does not produce any unfavorable symptoms beyond a slight headache, and in very sensitive persons vertigo; but no matter at what dose given it does not poison animals; it may be that its insolubility prevents it, and this is one reason that Dr. Sée prefers the antipyrin, as it is soluble. As to indications, antipyrin is certainly superior to the others for congestive sick headache, or migraine, and it is claimed for the acetanilide or antifebrin, that it acts best in neuritis and in tabes; the paraphenacetine is preferred in vague pains in nervous troubles of a hysterical form.

As to rheumatism it is still tributary to the salicylic medication; but the intolerance of that drug in certain persons is best met by antipyrin instead, or even better by paraphenacetine, which is better tolerated by an irritable stomach. In febrile states acetanilide only does harm, as it increases the cyanosis and the depression, so that it is a bad *antithermic* agent; the other two, antipyrin and paraphenacetine, cause a too great fall in the temperature, and they have no action on the fever. M. Robin has shown the danger of these products in fever cases, as they contribute to storing up in the economy the products of denutrition of the tissues, so that these three drugs give but little good results in fever cases, and their use should be abandoned; their special indication is as *analgesics*, and certainly they act upon pain in a remarkable manner in most cases.

OLIVE OIL IN BILIARY CALCULI.

Professor (agrégé) Chauffard, (who is a son of the late full Prof. Chauffard), has been trying the method proposed by a New Orleans physician of giving large doses of olive oil for biliary calculus. According to Dr. Just Touatre of New Orleans, hepatic colic could be cured by taking four hundred grammes of olive oil in two doses, a quarter hour apart, then lying three hours on the right side, and ten hours afterwards the stones will be expelled by stool. M. Chauffard tried the method on several women he had in his hospital service, and found an amelioration of the symptoms, an evacuation after seven or eight hours, of a large number of concretions of a green color and half-solid consistence, of various sizes, from a pin head to a small nut. They were soft and resisted the action of water, and it was these no doubt that had been taken for real calculi by the first observers of this treatment; but a chemical analysis by Prof. Villejean showed that they held but a small proportion of cholesterine, and were formed of neutral fats and free fatty acids. A very simple experiment indeed proved that they were not biliary calculi, as a real calculus placed in olive oil for a long time remained unaltered. Experiments made upon animals and cadavers by M. Chauffard, also showed that the oil did not go up the ductus choledochus, nor the cystic duct, and could not soften the calculi. The conclusion is that the method causes a discharge of certain products that gives a relief to the patients; but it does not soften the real calculi, although some few came away with the soft matters; but this would happen with any purgative. It is a method to be tried in certain cases, and most of them supported the dose very well. Cantani, of Naples, used to try the oil the other way, by giving immense rectal injections of olive oil.

THOMAS LINN, M. D.

SOCIETY NOTES.

NORTHERN MEDICAL ASSOCIATION.

REMARKS ON DR. UPDEGROVE'S PAPER.

Dr. John B. Roberts: While not one of the committee of the State Medical Society which recommended the proposed bill to establish a State Board of

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Medical Examiners, I desire to state that I am heartily in favor of the bill; not because it is a bill expected to protect or aid the profession of medicine, but because I believe such a law will protect the public against the profession. If the profession of this State cannot protect itself, and support itself, by its record of good, legitimate and proper work, I do not want a law to protect its members by keeping other physicians from settling in Pennsylvania. I do, however, desire that the State shall not lose the labor and energy of any of its citizens by reason of sickness or death due to the ignorant and careless medical attendance which they receive from improperly educated and unscrupulous doctors. I believe that paupers are cast upon the bounty of the State, and that much wage-earning capacity is lost by reason of preventable sickness and death; preventable by the State seeing to it that its citizens are protected from the dangers of medical ignorance.

I think the speaker is incorrect when he says the bill is advocated against the almost unanimous wish of the profession. I hold that there is good evidence that a very large part of the profession approve of this form of law. This very bill, or rather the one from which it was drafted, was approved three years and a half ago by the Section of State Medicine of the American Medical Association, and afterwards approved by the general meeting of the Association, then in session at New Orleans. The Association directed that the various State societies have their attention called to the bill, in the hope that such legislation might be effected in the different States of the Union. The bill was forwarded from the Association to our State Society meeting, that year at Scranton, and its principles were endorsed by the State Society. Last year the State Medical Society, after full discussion, approved it again, at the meeting in Philadelphia. I think some similar action was taken at the Williamsport meeting, or at the Bedford meeting. At any rate, there was no action at those meetings in the nature of rescinding or altering the well known previous action of the Society. You all know how the bill was approved last Spring, at the Philadelphia County Medical Society, at the largest meeting that had been held for several years, with only one or two votes in the negative.

How can the gentleman say, in the face of this evidence, that the almost unanimous verdict of the profession is against the proposed law. These meetings were held in widely different sections of the State and country, during the space of nearly four years, and were composed naturally of very different groups of voters; but the result was approval time and again.

I think the speaker is incorrect again when he says such a law will encourage quackery. In the Canadian province of Ontario, irregulars have ceased to exist, or at least to practice, since the legislation requiring a State examination was effected. In Minnesota, the examination of the State Board drove incompetents and irregulars to the neighboring states in large numbers. Are Pennsylvania and the other states not so protected to become the homes of, and offer the fields of practice for, these undesirable doctors?

My friend objects to the bill because it is possible that the Governor may appoint some homœopathic physicians members of the Board, and says the Board should not exist if such a state of affairs is probable. I believe that in Illinois, where there are others than those of our own profession on the Board of Health (which acts in a certain measure as an examining board), there is no lack of proper investigation into the qualifications of candidates by reason of this association, and no harm done to the integrity or honor of the profession.* If homœopathy is excluded from representation on the board by any clause in the bill, it can never become a law. The gentleman seems to think that such a bill would be passed by the Legislature. If he had studied the history of the birth of the State Board of Health of Pennsylvania, he would know better than that. Ten long years of agitation were required to effect that desirable end; and it was

*The American Medical Association has decided that to serve on State Boards with homœopathic members is not improper, and does not constitute a consultation.

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only after all embarrassing and restrictive clauses were dropped, that the Board was created by the Legislature.

If a State Board of Medical Examiners and Licensers is needed, it can only be obtained by showing that all men are to be subjected to the same treatment and the same examination. No special legislation, no legislation that appears to be of special advantage to one class of physicians can be carried through the Senate and House of Representatives of this commonwealth.

That a Board of Examiners is needed is shown by the recently published reports of the Boards of Examiners of North Carolina and Virginia. Extracts from these reports have been printed in the *Journal of the American Medical Association*, from which journal I have taken the facts quoted, with numerous omissions, however, of unimportant portions of the article.

"*Board of Examiners of North Carolina.*—In 1886 there were 63 applicants for license before this Board; 17 were rejected—26.99 per cent. In 1887 there were 48 applicants; 14 were rejected—29.17 per cent. Of the 34 that passed the examinations, 32 were regular graduates. Of the 14 that did not pass, 8, or 59.14 per cent., were graduates. In 1888 there were 53 applicants; 17, or 32.07 per cent., failed to pass. Of the 36 that passed, 35 were graduates. Of the 17 rejected, 12, or 70.58 per cent., were graduates. In 1887 and 1888 there were thus 101 applicants—87 graduates and 14 non-graduates; 22.98 per cent. of the graduates failed to pass; while 78.57 per cent. of the non-graduates failed."

"*State Board of Examiners of Virginia.*—At the examinations held by this Board in April, 1888, there were 34 applicants, 1 of whom withdrew. Of the remaining 33, 26 passed and 7 were rejected—22.22 per cent. Of the 33 applicants 30 were graduates; of the 7 rejected all were graduates; of the 3 undergraduates all passed.

"The last report of the Virginia Examining Board gives a list of the colleges from which graduates have come before it for examination. The table shows that since the organization of the Board, January 1, 1885, there have been 223 applicants in all, 49 being rejected—21.97 per cent. Of the applicants 212 were graduates; 45 were rejected—21.69 per cent. There were 11 non-graduate applicants, 4 of whom were rejected—36.36 per cent.—and 2 had not completed their examinations at the time of the report. In the table are given the names of 27 colleges from which applicants have come before the Board; excluding the University of Heidelberg, we have 26 American colleges; 13 of these sent 51 applicants, all of whom passed; 13 others sent 156 applicants, with an average of 34.73 per cent. of each rejected—more than one-third.

"Among the colleges represented were the following: Medical College of Virginia, 54 applicants, 7 rejected, 12.98 per cent.; University of Maryland, 33, rejected 8, 24.24.; College of Physicians and Surgeons of Baltimore, 33, 10 rejected, 30.3 per cent.; Jefferson Medical College, 12, rejected 3, 25 per cent; Bellevue Hospital Medical College and the University of the City of New York, 5 each, rejected 1 each, 20 per cent.; Vanderbilt University, 3, 1 rejected, 33.33 per cent. * * * There are still other interesting figures to be had from the table. Of the 45 rejected graduates, 21, or 46.66 per cent. (from 8 colleges) applied for a second examination; of these 9, or 42.85 per cent., failed a second time. We thus see that the Board held 228 examinations of graduates of American colleges, and rejected 23.68 per cent. Can any one wish for better proof that the colleges (as a class) are not regulating themselves, but need regulation, and a great deal of it.

"The percentage of graduates to matriculates in American colleges now averages 30.5. The average for the colleges whose students failed before the Virginia Board is 34.12—3.62 per cent. higher than the general average; for the colleges whose students passed, 28.53—1.97 per cent. lower than average. The colleges whose graduates failed, then, graduate 5.59 per cent. more of their matriculates than the colleges whose graduates passed. Colleges whose graduates failed average 2.07 courses of 22.44 weeks each; others 2.61 courses of 25.84 weeks each. Average for American courses is 24.9 weeks;

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average course of colleges whose candidates failed is 2.46 weeks less—of others .14 week more, or 3.46 weeks longer than the course of the other colleges.

"Counting first and second applicants, we see that 228 graduates were examined, and 54 failed—23.68 per cent. From 1877 to 1887 inclusive there were 36,097 graduates from medical colleges of the United States. They held documents that are considered as entitling to practice in the majority of our States and Territories. But according to the above figures, if these 36,097 had gone before an efficient examining board, *8,300 would have been rejected!* About 1,400 more than there are physicians in Illinois now! It is appalling to think that in ten years more than twice as many incompetents have been graduated from the medical schools in the United States as there have been graduates during any one of these ten years, except the session of 1881–82, when there were 4,450 graduates."

It might be supposed that the questions asked by this Virginia Board were unfair questions, or those that would be incorrectly answered by many practical and safe practitioners. To disabuse your minds of this idea I shall give you some of the questions, which were incorrectly answered, taken from the report of the Board. Moreover, I was told to-day by a medical friend, who was present at one of these examinations as a spectator, that the questions were legitimate and proper questions, and not at all of a transcendental nature. Let me, however, give you examples. Here they are, with the replies given by *graduates* in medicine.

"Describe the larynx. *Ans.* The larynx is composed of cartilage. The œsophagus passes through the larynx.

What is the function of the liver? *Ans.* Do not know.

Give tests for arsenic. *Ans.* Sulphuretted hydrogen is one. Don't know rest.

Give test for mercury. *Ans.* Do not remember.

Give dose of tartar emetic. *Ans.* Ten grains.

Give dose of sulphate of atropia. *Ans.* Hypodermically, 10 grains; by mouth, 60 grains.

Give dose of corrosive sublimate. *Ans.* One grain.

How would you treat placenta prævia? *Ans.* I don't know what it is.

Give dose of powdered cantharides. *Ans.* Forty grains.

What is the source of iodine? *Ans.* It is dug out of the earth in blocks, like iron.

Describe dengue, or break bone fever. *Ans.* By four applicants: A fever that comes on soon after the bones are broken. By one applicant: The patient should be cautioned against moving, for fear the bones should break.

Describe the peritoneum. *Ans.* It is a serious membrane lining the belly and extending into the chest, covering the heart and lungs."

You laugh, gentlemen; but why not weep when these *graduates*, who have been driven from Virginia, may have settled in Pennsylvania; perhaps, indeed, in the very summer-resort where your wife and children may spend next summer's vacation. Wouldn't you rather they should be treated by an intelligent homœopath or by nature than by a regular graduate who gives sixty grains of atropia at a dose?

These facts certainly show that many of our most reputable and renowned schools need supervision of their graduates.

I, for one, believe in the bill of the State Medical Society, and cannot share Dr. Updegrove's opinion as to its folly and evil portent. Much more might be said on other phases of the bill; but I have spoken too long already.

Dr. Philip Leidy: I have been interested in the subject under discussion this evening, particularly by reason of the clear and deliberate manner in which it has been presented. At the first discussion on the same subject at which I was present, the matter assumed such a vindictive shape that the interest manifested by many was lost. Though I do not agree with some of the features of the proposed bill, especially the personal association, I am free to admit that I have been made somewhat of a convert to its general provisions. Granting the objections to the proposed bill well taken, what character of a bill can be framed to meet all the "requirements,"

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different from the one suggested? It must be borne in mind that it is your legislature which gives your colleges life by granting charters with certain rights and privileges; and for the same power which gives life to destroy the same in the one and same breath by discriminating between the different schools of practice, to which their legal consent has already been granted, would be inconsistent with common sense and good law. It is seldom the constituents of a representative are a unit in matters of improvement or progress; hence, his influence, regardless of his personal opinion, is used for the common good.

There are quacks and frauds (men and women) in religion, law and medicine; in fact, they abound everywhere; and the sooner we secure proper legislation to rid the community of them the nearer we arrive at the performance of that which is our duty to the community. The Philada. County Medical Society (numbering over, I think, five hundred members) has done some good work, and more is for it to perform. During the apparent cessation of hostilities of its committee, the impostor has sprung up all around us, like the toadstool. I say here, without fear or favor, that the medical faculty granting diplomas to such as have been instanced here this evening should be deprived of all rights under its charter. Paine's and Buchanan's "Bogus Medical Diploma" factories are co-equal with such. The announcement of such deplorable ignorance, the truth of which cannot be questioned, is sufficient cause, and calls for immediate measures for protection; and rather than to have such an element in the community preying upon its very vitals, we should accept the proposed bill—without further debate—as it is. Leaving the necessities as they arise to suggest modification and improvement, all new departures, especially with view to improvement, are liable at first to develop refractory features, and do not act in harmony. If such should be in the present proposed bill, the objection could be remedied.

As the matter stands, the granting of diplomas by medical colleges in the States unprotected (New York, Pennsylvania, New Jersey, and some others) appears to be on the "go as you please plan," "you pay your money, and take your choice," thereby endangering the life and health of our people. We are looked to for relief, and the remedy is in the proposed bill now before us. At least it will aid us materially in bringing about the desired end.

Dr. H. C. Paist said: The matter of the proposed bill for a State Board of Examiners, wherein there is a provision for the three additional members to be appointed by the Governor, and the probability of his appointing three homœopaths, is the question involved in the paper of this evening. I will endeavor to meet the arguments set forth, occupying as little time as possible. The paper denominates homœopaths quacks. What is a quack? A pretender to medical skill. Are not homœopaths educated in all the branches pertaining to medicine? Is he not taught the several branches of medicine? While his doses and his theory of the action of his potencies differ from ours, as your ideas, Mr. President, and mine may differ as to doses and manner of prescribing, and even the action of the medicine prescribed, does that prove one of us a quack, providing we both are qualified medical men? By no means. They and we learn from the same books all that might well be considered under the head of exact science. I refer to chemistry, anatomy, physiology, obstetrics, surgery and materia medica. Of their therapeutics, their notion of the action of medicines and of their doses infinitesimal, I have nothing to say; only this: Do the regular profession claim to have arrived at that stage of perfection in these matters that it can proclaim the entire system an exact science? If so, then all who do not embrace it are quacks, pretenders, and are ignorant of scientific medicine. If we cannot substantiate this claim, then what? Should we ostracize them because they are not pleased to accept that which we have not to offer; and if they accept not, should we denominate them quacks? I greatly fear this would not be charity. Can we prove that they are less successful with the application of their theories than we are with

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ours? If so, then we, with fairness, could prove them quacks. Was it wrong that they should have formed a separate sect or school? Did they do it of choice? Has the regular school been noted for its liberality in its investigations of new theories or dogmas, or has it rather inclined to condemn without the process of trial? I am constrained to believe, had our profession been less autocratic, there would have been no homœopathic school of medicine to-day.

The homœopaths are educated in institutions chartered by the same commonwealths as our own, and therefore must be protected by the same authorities; and to meet this emergency it would seem but just that they should be represented on the State Board of Examiners. The aim should be rather to look to the proficiency in their attainments, not only as to a medical but a general education, leaving sect or school entirely out of the question. Were my family from home, I would much prefer, if occasion required, to have them call in an educated gentleman of the homœopathic persuasion, than risk them to the tender mercies of an incompetent, though he might possess a diploma of the most popular college in the land—I would fear a 60 gr. dose of atropia.

By the passage of this bill we would be spared the danger of contact with men or women graduates, of whatever college or kind, or those who are not graduates at all, who surely come under the head of dangerous quacks; and the medical profession, honorable as it is, would be honored by its members.

Dr. Longaker agreed with the previous speakers, and not with the author of the paper.

The lay public regards our views of homeopathy and homeopaths as prejudiced.

The leading practitioners of this sect have virtually abandoned their dogma.

The President of the State Society, at its meeting in Philadelphia recently, is reported as saying, that the law of *similia* is not the only law of cure.

Moreover, the modern homœopath says he is broad and liberal in his views, and he is therefore sure of the sympathy of intelligent persons. Not so with him who is ready to stigmatize the sect as quacks on all occasions.

The people and the profession need protection from the colleges. The best turn out men notoriously ignorant. In one instance, a man was given his diploma in order to get rid of him.

The President, Dr. Vogler, made a few brief remarks favoring the bill.

For a long time he had given the subject under discussion to-night earnest study. Probably nowhere among civilized communities did such lax legislation exist regarding the shameful sway of charlatanism as noticed to-day in the State of Pennsylvania.

Is it any wonder that bogus and improperly educated medical men, driven out of neighboring States, seek our State as a haven of rest and profit.

The bill, in his humble opinion, was the most earnest and thoughtful method yet brought forward to eradicate this evil. Its passage and strict enforcement must abound in inestimable value. Great good must result to the general public. The honest and respectable physician will receive long delayed justice and security.

By relating an incident, Dr. Vogler forcibly illustrated the absurd weakness of the present registration act.

"*At any rate, it is the entering wedge for a subsequent bill, and is better than nothing.*" Such was the lamentable excuse given the speaker for its existence by one in authority. While visiting one of the New England States this summer he noted a striking example of the benefit resulting to both the laity and the profession by the strict enforcement of good laws relating to this subject.

All this reflects little credit upon our State—the greatest center of higher medical education in the Union.

PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING, SEPTEMBER 28, 1888.

The President, Dr. Mary E. Allen, in the chair.

Dr. Caroline P. Anderson read a paper entitled:

"REPORT OF A CASE OF MORPHŒA."

H. S., colored, age 66, widow, had given birth to eight children, and had

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two miscarriages; was first seen by me July 15, 1888.

The patient was suffering with an intense itching and creeping sensation over the entire body. This trouble began at least thirty-five years ago, the patient thinking she had been poisoned. She had worked exceedingly hard in the days of slavery, but did not associate her trouble with that fact. Had no trouble at the time of the menopause.

So intense was the itching, during the early stages of the disease, that the patient would tear off the skin in her effort to get relief. In the meantime catarrhal symptoms were manifested, and her head and throat became so "clogged" (as she expressed it) that she resorted to everything suggested by friends, as well as prescribed by physicians, in order to obtain relief. Finally, she was advised to use sea water, which, after a time, relieved her. She moved from Virginia to Atlantic City, having been assured that she would find relief. She had also, after leaving the South, taken her remedies, which a quack doctor had prescribed for the itching, and every six weeks, or three months, a dose of senna and salts. She attributed her slight relief from the itching very largely to the medicine which she was taking, though it is more probable that it was due to her change of residence and mode of life.

For some reasons she was obliged to give up the herb doctor, and afraid of losing what she had gained, if she were without treatment, she placed herself under my care.

I found her condition as follows: Tongue white and soft; breath peculiarly odorous and heavy; pulse 80, regular, but weak; respirations short and quick; the bowels moving irregularly; urine normal.

The itching and creeping sensations were most distressing to the patient at this time, being worse at the left wrist and both heels, where the true skin had been replaced by a covering having a white alabaster appearance, suggesting leprosy; four toes of the right foot had been denuded, and presented a similar appearance.

Recognizing the fact that the entire intestinal tract needed stimulation as well as tone, and that the anæmia, though excessive, must be relieved gradually, if done at all, and finally that attention must be largely directed to the impaired nervous system, I first resorted to the mineral acids, nitro-muriatic dil. with sodii phosphas, for its invaluable action on the liver, combining with them the tincture of calumba, for its mild and pleasant, yet no less effectual, bitter tonic action. Full directions were given in regard to diet, cereals and milk being enjoined, also beef and mutton soups, in preference to the many indigestible kinds of meats and their no less indigestible modes of preparation.

Alkaline baths of borax and soda were also ordered to be taken as often as convenient.

Ten days later the patient returned. The itching was much relieved; the respirations were less hurried; pulse still rapid; tongue less pale, but still soft.

I now ordered digitalis, Fowler's solution, and still stronger bitter tonics, as cinchona and gentian. After an interval of ten days, the patient reported to me. The distressed countenance had brightened; the itching was greatly relieved; pulse and respirations had diminished in frequency. I prescribed a mixture containing citrate of iron and quinine, bicarbonate of potash, Fowler's solution and calumba, advising an occasional return to the first prescription in the event of discomfort to the patient, as indicated by a return of any of the old feelings along the intestinal tract, if the iron should not be well borne.

The directions were followed closely, and when I next saw the patient little dark spots were noticed dotting the hitherto bare and waxy space, suggestive of returning pigment. Although these points had been noticed by the patient herself, her delight at the disappearance of the itching and creeping sensations was so great that she paid very little attention to any other symptoms.

She continued her remedies, as before, for three weeks, when she again called upon me, saying that she was relieved entirely of all itching and creeping sen-

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sations, which she had not been for thirty-five years. She said, too, that she could eat freely of things she had not been able to digest before. As she feared a return of the old conditions, she expressed herself as anxious to follow any directions that might be given.

Cod-liver oil and iron were advised; the former being considered a safe remedy for the coming wet and cold season; with directions for a return to the first remedies should any indications make such a course seem necessary.

As I was leaving Atlantic City I did not see her again; but she promised to communicate with me in case any change should occur.

While in leucoderma, which this disease closely simulates, there is diminution of pigment, there is no textural change. We are told that it is a somewhat rare disease, and that Wilson and others are inclined to regard it as a remnant of leprosy left with us.

Attention was especially drawn to this disease by Addison as a form of keloid, and a well defined position was accorded it by the excellent description of Wilson in 1868. In America it has since been pretty generally recognized, but in Austria it is still confounded partly with anæsthetic leprosy, and in the more severe forms with scleroderma.

The nerves of sensation are, to some extent, secondarily interfered with, producing different degrees of anæsthesia.

It is much more common in females than males, and is due to a weakened trophic or nutritive power, and is a sequence of nutritive debility.

In anæsthetic leprosy the patches never present the curious wax-like condensation, or infiltration of the skin, and the *history* of the patch is different.

It is held, in England, that morphœa is only a peculiar circumscribed form of scleroderma; that the former may pass into the latter condition, and that clinical experience shows that the two forms are connected by a complete series of cases.

In America this view is not so generally held.

MARY WILLITS, M.D.,
1527 Green St. Reporting Sec'y.

MEDICO-LEGAL SOCIETY.

AT the last meeting of this Society, held upon October 30th, the proposed bill for the creation of a State Board of Examiners and Licensers was made the special subject for discussion.

Dr. Waugh opened the session by reading the proposed act. He then spoke of the contempt with which the American profession is looked upon in Europe, owing to the ease with which degrees are obtained from some of our colleges and also to the lack of government supervision and endorsement of the bodies granting degrees. Even in England and in Germany the famous schools which attract students from all the world are not allowed to license their graduates to practice. The proposed law seeks to put the Pennsylvania physician on an equality with these by enabling him to obtain a governmental endorsement of his qualifications.

The speaker acknowledged that the question of irregulars was a difficult one; but believed that the best way to deal with them is to compel their schools to educate their students up to the same standard which is required of regular graduates. If this be done, they will have the same right to practice, in law and equity. The better both sides are educated the less will be the differences between them; and thus we have every reason to believe that sects and pathies will cease to exist. On the other hand opposition, real or alleged, has been the chief factor in the spread of homœopathy. The democratic spirit abhors the very semblance of persecution for opinion's sake, and common sense revolts at exclusivism in the healing art. Everything which looks like bigotry or intolerance helps to keep up sectarianism. If there were a way open by which homœopaths and eclectics could enter the regular ranks without going through a regular medical course, there would be a general rush to our camp. And when it is considered that many of these gentlemen are as well educated in medicine as ourselves, and that the differences in their practice and our own are quite within the bounds of that latitude which must

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exist among independent men, the wisdom of an iron-clad exclusion becomes questionable.

The present registry law has done much good in excluding ignorant men from practice, and in enabling the Pennsylvania colleges to enforce a high standard, which previously had only the effect of driving students out of the State to low-grade, short course schools. This law has proved defective in some particulars, and exposes the profession to serious danger from the creation of irregular schools.

While the proposed law does not fully meet the wishes of the speaker, he looks upon it as a wise measure, calculated to elevate the status of the profession and to protect the interests of the people.

Dr. Chandler suggested that five years' practice is scarcely long enough experience to fit a man for the responsible position of examiner. He should have ten years' practice, including two years in a hospital.

Dr. Trau agreed with the last speaker, and approved of the bill. He thought the only way to get rid of irregulars was to educate them.

Dr. McBride inquired how the governor was to tell whether the regular or Homœopathic Society was meant.

Dr. Hirsch stated that the State Society was chartered, and the bill gave the legal name, which rendered it impossible for any other organization to be substituted for it. Nothing favors homœopathy so much as opposition.

Dr. Zeigler favored the bill, believing that it benefitted the profession and the people. No law can be enacted which favors any one school at the expense of another; but an act which elevates the standard of all alike ought to and will pass. In California there are two boards, one for regulars, the other for homœopaths.

Dr. Jurist also believed that homœopathy prospers by opposition. He did not consider it incumbent upon us to teach the public the truth of medical theories, or to convince it that homœopathy is wrong. The laity set this down to jealousy. We have no right to dictate how another shall practice, but can exact a proper degree of education, leaving each individual to practice according to the dictates of his own conscience.

Dr. L. F. Flick, who was present, was invited to speak on the subject. He did not favor the change of the qualifications of the examiners from five to ten years, as this might shut out some who would be very desirable members; while, if any very young persons were appointed, it could only be because they had already distinguished themselves. Nearly all the States now have adopted bills of this sort; none of them better than this, and some of them identical with it.

Dr. Vogler hoped the society would endorse the bill unanimously. He thought we were fifty years behind in now seeking to oppose homœopathy. He gave a striking instance of the imperfection of the present law as now executed.

Dr. Chandler detailed the experience of the mixed Board in Michigan University.

Dr. Stewart spoke briefly in favor of the bill.

Dr. Stubbs considers it the best which could be devised. Give irregulars the same examination as our own men, and, if they can pass it, they *ought* to be licensed.

Dr. Buckby thought we should not be too hasty in so important a matter; but favored the bill. He did not believe that any homœopaths now exist.

Dr. Trau then moved that the bill be endorsed in its entirety by the society; that a committee of five be appointed to co-operate with the committee of the State Society in presenting the bill to the Legislature. The motion was seconded by Prof. W. S. Stewart and carried by an unanimous vote.

The committee consisted of Drs. Trau, Stubbs, Stewart, Gominger and Buckby.

After this business had been attended to, the members sat down to their quarterly collation, which was served by Mr. Horace B. Wimley. The Medico-Legal Society is one of the most social medical organizations in the city, and its meetings are always enjoyable as well as edifying.

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LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

"PROTRACTED LABOR, FUNIS COILED AROUND NECK, CHILD ASPHYXIATED, RETAINED PLACENTA WITH HOUR GLASS CONTRACTION."

Ed. *Med. Times:*

It seems that it seldom falls to my lot to have what I might call an "easy case;" old dame fortune seems to take special pains to direct to my care complicated cases; and that some of the younger members of our fraternity may be benefitted by my experience I write.

On 4th Oct., 8 A. M., was called to see Mrs. S——, a primipara aged 20, who had been in labor 10 hours. Upon examination the parts were rigid, os dilated about size of 3 cent nickel, patient very nervous and excited, pains about 12 minutes apart and rather severe, and patient making strenuous and exhaustive efforts in bearing down, which I assured her were useless; when I took my departure with strict injunctions to call me when the pains were five minutes apart. At 8 P. M., 12 hours later, I was summoned in haste and found os dilated about the size of a quarter dollar, parts somewhat relaxed, pains about five minutes intervals; she was so much exhausted now that she slept between each pain; this state of affairs continued until 12 o'clock, when membranes ruptured, os fully dilated, the L. O. A. presenting. Second stage lasted three hours, patient exhausted, child born asphyxiated, cord around neck, child very blue; having recognized the above condition at once I released the cord, and endeavored to establish respiration by all usual methods, viz.: arm extended, compression of diaphragm; but not until I had recourse to that to me unpleasant method, mouth to mouth insufflation, were my efforts a success. I neglected to state that when the cord was cut, only about four inches extended from the vulva, so you may imagine what traction I had to make in order to release the entwinement.

Having disposed of the infant, I now directed my attention to the mother, who I found very much exhausted, and still having very much pain; upon inserting my hand I feared that I could not find the placenta; upon following the cord I found it led to and ended abruptly about centre of fundus. What have I here? I had never seen this before. Placing my other hand on the outside of abdomen I found it was opposite the left one and about eight inches below a hard ball; when it immediately cleared up. I had an hour glass contraction; so following the cord between the pains I found a small ring into which I inserted, first one, then two fingers, which gave so much distress to the patient, that I deemed it advisable, there being no reason to the contrary in my opinion, to give her a rest. Placing her in a comfortable position and enjoining upon them to watch the case closely, I left for three and a half hours, when I returned determined now to finish up the third stage. Found patient in much better condition, and things in about same shape that I had left them, and at the expiration of three hours I succeeded in removing the placenta after the very slow operation of dilating the constricted os. I found upon the placenta, about one-third from the margin, a large cicatrix, which part was adherent; upon inquiry I found there had been a history of having been struck about the middle of pregnancy. There was no hemorrhage and the contractions were strong after the placenta was removed; she made a good recovery. I would state here that no ergot was given, and also inquire if the cause of the protracted labor, 37 hours, was not the shortened funis?

GEO. W. COX, M.D.

FRACTURE OF FEMUR.

Editor MEDICAL TIMES:

In the first week of July last, a boy aged sixteen, named A. H., was brought to Altoona Hospital with a compound comminuted fracture of right femur,

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with extensive laceration of quadriceps and vastus externus muscles. The femur was broken in lower third, and the laceration two-thirds of the length and one-half the circumference of the thigh. The lower end of the upper fragment was sharpened to a point; one inch of the entire bone was crushed and was removed, also half an inch of the upper fragment was clipped off with bone forceps. There was imperfect pulsation of the femoral artery.

The leg was put in a fracture box and steadied by sand bags; very little extension by weights was needed, the torn muscles being incapable of contraction. Healthy reaction set in; he ate heartily, slept well, and had but little pain. In three weeks the provisional callus maintained the length of the femur; in three weeks more it sustained the weight of the leg, and in three weeks the boy was walking with crutches, and now three and a half months since the accident he walks pretty well without crutches. His leg is exactly the length of the other. His greatest disability is in throwing his foot forward, giving him a halt with every step, caused by the laceration of the quadriceps femoris.

S. M. Ross.

REVIEWS AND BOOK NOTICES.

Diseases of the Eye. By Drs. Fox and Gould. Philadelphia: P. Blakiston, Son & Co. 1888.

This little book is No. 8 of the series of Quiz-Compends, published by the above-named firm, and we must say that it is one of the best of the series. This is the second edition, and much improvement is found throughout, especially in the formulæ in the back of the book. We wish we could say as much, however, for the methods of treatment in some of the diseases. The contents are nicely arranged in four parts, representing the divisions of refraction of the eye, the functional disorders affecting vision, the diseases of the eye, and surgical operations and instruments. The whole are so arranged, and the knowledge so clearly and concisely given, it is really a *multum in parvo*. We cannot agree with some of the ideas and treatment; but, taken all together, it is a splendid little book, and fills the list well for which it was written as an aid to the general student. It is gotten up with good paper, distinct type and contains nice sharp wood cuts.

Enterostomy for Acute Intestinal Obstruction. By B. F. Curtis, M.D., New York.

The Failure of Dr. J. B. Thomas' Treatment of Urethral Stricture by Electrolysis. By Robert Newman, M.D., New York.

THE "HOME MAKER."

A monthly magazine, edited by Marion Harland. This is a new aspirant for the patronage of the public. It is a home journal, intended for the fireside, and the intention is well carried out. Among the contributors we notice the names of Rose Terry Cooke, Harriet Prescott Spofford, Olive Thorne Miller, and others equally well known. The illustrations are very good, the journal bright and interesting—not a dull page in it. We advise our readers to send for a specimen copy to the *Home-Maker Company*, 24 W. 23d St., New York.

Fifteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan, 1888.

Dr. Henry B. Baker has won a high place among the sanitarians of the day; and in this book we find the records of his work.

Transactions of the American Association of Obstetricians and Gynecologists; First Annual Meeting, 1888.

This society is assuredly one of the "growing points" of American Medicine.

Recent Advances in State Medicine, by Henry B. Baker, M. D., Lansing, Mich.

"The Significance of the Epiblastic Origin of the Central Nervous System." By Dr. E. W. Jacoby, New York.

"Annual Report of the Murdock Free Surgical Hospital for Women for the year ending July 1, 1888."

"The Causation of Cold Weather Diseases." By Henry B. Baker, M. D., Lansing, Mich.

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ABSTRACTS.

PERNICIOUS ANÆMIA.

Hunter, in the *Lancet*, contributes a paper on the pathology of pernicious anæmia, which we regret our inability to reproduce in full. The following is a summary of his conclusions:

1. Pernicious anæmia is to be regarded as a special disease both clinically and pathologically. It constitutes a distinct variety of idiopathic anæmia. 2. Its essential pathological feature is an excessive destruction of blood. 3. The most constant anatomical change to be found is the presence of a large excess of iron in the liver. 4. This condition of the liver serves at once to distinguish pernicious anæmia *post-mortem* from all varieties of symptomatic anæmia, as also from the anæmia resulting from loss of blood. 5. The blood destruction characteristic of this form of anæmia differs both in its nature and its seats from that found in malaria, in paroxysmal hæmoglobinuria, and all other forms of hæmoglobinuria. 6. The view can no longer be held that the occurrence of hæmoglobinuria simply depends on the quantity of hæmoglobin set free. 7. On the contrary, the seat of the destruction and the form assumed by the hæmoglobin on being set free are important conditions regulating the presence or absence of hæmoglobinuria in any case in which an excessive disintegration of corpuscles has occurred. 8. In paroxysmal hæmoglobinuria the disintegration of corpuscles occurs in the general circulation, and is due to a rapid dissolution of the red corpuscles. 9. In pernicious anæmia the seat of disintegration is chiefly the portal circulation, more especially that portion of it contained within the spleen and the liver, and the destruction is effected by the action of certain poisonous agents, probably of a cadaveric nature, absorbed from the intestinal tract.

The ancient treatment of gonorrhœa by means of medicated ointments, introduced into the urethra by a tube, and forced out so as to cover the mucous membrane from behind forwards, is again brought forward in an English journal and labeled "a new treatment."

MR. SAMUEL BENTON, in the *Medical Press*, recommends electrolysis for rectal stricture, the application being made in a manner similar to that employed by Newman in urethral stricture.

TREATMENT OF EPILEPSY.—Considering the nervous disorders, partly of convulsive kind, which compose the cachexia strumipriva resulting from ablation of the thyroid gland, Siguicelli suggests that a derangement of the functions of the thyroid body might play a part in the production of epilepsy. This idea led him to try the effect of galvanization of the thyroid body in epileptics. Seven cases were tested: three showed no change in the progress of the disease; the other four presented first an augmentation and then a rapid and progressive diminution in the number of fits, which ceased entirely in one case for a month, and for two months in another instance; the mental state of the epileptics also improved.—*Lancet.*

TOXIC EFFECTS OF BORIC ACID.—WELCH, in *The Medical Record*, relates a case in which boric acid was used, with startling sequences. The patient suffered with an obstinate leucorrhœa, with profuse acrid discharge, causing pruritus. The upper part of the vagina was highly vascular, and secreting so rapidly that it could hardly be kept dry enough for the application of the acid. The membrane was treated with nitrate of iron, and the upper third of the vagina packed with fine boric acid, held in place by cotton tampons. This was removed on the third day, and a hot douche used. The application was repeated weekly for two months, the cure being complete.

Ten days later, the doctor was summoned by telegraph, and found the lady bolstered in an easy chair, her hands, face and feet having a charred appearance. These symptoms began the second day after the last treatment, with formication in the extremities, later in the face, and low spirits. An acrid vaginal discharge occurred on the second night. Copious leucorrhœa recurred, with intolerable vulvar pru-

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ritus. The skin most affected exfoliated, and the leucorrhœa ceased.

Similar symptoms occurred in two other cases. All recovered. The amount used varied from one to two ounces at each operation.

EXTRA-UTERINE PREGNANCY.

In the *Tokyo Medical Journal*, Dr. Kawai reports a case of extra-uterine pregnancy which went on to full term. The fœtus died, and suppurative discharges occurred about the umbilicus. The abdomen was then opened, local anæsthesia having been obtained by cocaine injections, and the fœtus was extracted. The woman recovered.

—*Sei-I-Kwai.*

UTERINE CALCULI.—In the *Indian Medical Gazette*, MARTIN relates two cases in which urinary calculi were removed from prolapsed uteri. In one case the calculi weighed 1055 grains; in the other, 160 grains. The author does not appear to be very clear as to the manner in which the calculi got into the uterus, as he does not mention the existence of utero-vesical fistula; but states that the symptoms of stone preceded the occurrence of prolapse; whence he infers that the calculi formed in the bladder and then passed down into the uterus.

PARANOIA AND AURAL HALLUCINATIONS.—FISHER, in the *Amer. Jour. of Insanity*, speaks of the extreme frequency with which chronic delusional insanity is associated with hallucination of hearing. We note the following as a constant order of symptoms, viz.: long continued inebriety, consequent hallucinations of hearing, and later delusions of persecution and conspiracy, mingled or alternated with delusions of wealth, grandeur or self importance. This is generally a true, primary delusional insanity or monomania. Hallucinations of sight, trembling and insomnia characterize the acute delirium of alcoholism.

OBSTETRIC NOTES.

Dr. Boardman, of the Boston Lying-in Hospital, reports three months' practice in the hospital (one hundred and twelve consecutive cases) without a death. He attributes his success to the rigid adherence to strict asepsis practised in the hospital.—*Boston Med. and Surg. Journal.*

Ahlfeld, of Marburg, reports as the result of his years' clinical work, 308 labors, in which the forceps were used but three times. None of the mothers confined died, and of the 308 delivered 226 had no rise of temperature.

We note with pleasure that the University of Pennsylvania is about to open a maternity pavilion. The Jefferson Medical College has already an in-door and an out-door obstetric department. The Philadelphia Dispensary and the Philadelphia Lying-in Charity annually provide students with a large number of obstetric cases. It is to be hoped that the managers of the Medico-Chirurgical College will reserve some portion of their new building for the establishment of a similar department. No city in the United States affords superior advantages to Philadelphia for the clinical study and practice of obstetric medicine.

Dr. Hobart A. Hare (*University Med. Magazine*) advises that where there is embarrassed respiration or temporary suspension of the inspiratory effort during the administration of ether, that in place of resorting to flagellation with towels wet with cold water, a little ether be poured upon the belly; and he notes the fact that in many cases under his observation the cold produced by the rapid evaporation of the ether caused so great a shock as to cause a deep inspiration. It occurs that ether poured upon the abdomen might for the same reason be of service in securing prompt contraction of the uterus in post-partum hemorrhage.

Dr. William Warren Potter (*Amer. Journ. of Obstetrics*) reports a case of double ovariotomy done in the fourth month of gestation; the woman recovering and the pregnancy going on to full term. The delivery and puerperium were both normal in character.

Dr. E. E. Montgomery thus formulates the treatment of extra uterine pregnancy:

1. In every form of ectopic gestation, prior to the fourth month, the destruction of life by the Faradic current.

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2. Between the fourth and sixth months, destruction of life by electricity, and some weeks later laparotomy.

3. In rupture, immediate laparotomy, with removal of sac, contents, and effused blood.

4. In cases that have passed the sixth month, wait until viability is well established, and perform laparotomy, observing every precaution that separation of the placenta does not occur, close the sac above, and drain through the vagina.

5. In the case of death of fœtus, it should be removed by laparotomy a few weeks later.

6. When the fœtus has become macerated and absess has formed, its sinus should be enlarged and the fœtal residue removed.

A case of conception with occluded hymen is reported in the *Amer. Journ. of Obstetrics*, October, 1888. The patient was a primipara, 29 years old, who had menstruated regularly from her sixteenth year. The vaginal orifice was found closed by a bluish membrane one-half centimetre thick, transversed by large veins, which extended from the urethral orifice to the frenulum vulvæ, and in which not the finest opening was to be discovered. The urethra on the other hand was so dilated that in the examination it was at first taken to be the narrowed vagina. It was assumed that the semen found its way through a, in any case very small, opening in the hymen, which was only closed during pregnancy by inflammation; and that later the urethra served for copulation exclusively. After incision of the closing membrane the woman was delivered without difficulty.

MISCELLANY.

SAPRÆMIA FROM FOUL TEETH.

GOODMAN believes that blood-poisoning may occur from foul teeth. He relates a case in which a patient suffered with persistent headache, irregular chills, fetid breath, and fever which resisted treatment. The man's teeth were so encrusted with tartar that the doctor sent him to a dentist to have them put in order. He returned, showing a set of teeth whose beauty would not have been deemed possible previously, and without further medication the man was cured.

SUICIDE OF A DOG.

Le Progrès Medical says that a Gordon setter, which was affected with a convulsive neurosis with very infrequent crises, one day ran out of the house alone and along a road for two kilometers, and threw itself into a mill-dam. The miller rescued the animal, thinking to return it to the owner, but after going a short distance the dog sprang again into a very small water-course and was drowned. The reporter asks if we should attribute the sad resolution of the dog to home-sickness or to a sort of irresistible impulse occasioned by its neurosis.

More likely the miller lied.

The New York *Medical Record* is receiving many well-earned compliments for its reports of the late Congress at Washington. Dr. Shrady gives a good journal to his readers, a weekly well worth the five dollars it costs.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U S. ARMY, FROM OCTOBER 25, 1888, to NOVEMBER 5, 1888.

COLONEL ELIAH I. BAILY, SURGEON, and CAPTAIN JOHN J. COCHRAN, ASSISTANT SURGEON.—Detailed for duty on Army Retiring Board, to meet at San Francisco, Cal., for the examinations of such officers as may be ordered before it. Par. 3, S. O. 253, A. G. O., Washington, October 30, 1888.

LIEUTENANT-COLONEL BASIL NORRIS, SURGEON.—Will be relieved from duty in the Department of the Columbia by the commanding general of that department, and will report in person, on or before November 14, 1888, to the commanding general, Division of the Pacific, for duty as medical director of that division and of the Department of California. Par. 14, S. O. 255, A. G. O., Washington, November 1, 1888.

By direction of the Secretary of War, Lieutenant-Colonel Edward P. Vollum, Surgeon, on being relieved from duty as medical director, Department of Texas, by Lieutenant-Colonel Joseph C. Baily, assistant medical purveyor, under War Department order dated October 31, 1888, S. O. No. 255, A. G. O., will repair to New York City, assume the duties of acting assistant medical, and take charge of the medical purveying depot at that place. Par. 2, S. O. 255, A. G. O., Washington, November 1, 1888.

LIEUTENANT-COLONEL CHARLES T. ALEXANDER, SURGEON.—Relieved from further duty in the Department of Dakota, and will report in person to the commanding general, Department of the Columbia, for duty as

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medical director of that department. Par. 14, S. O. 255, A. G. O., Washington, November 1, 1888.

LIEUTENANT-COLONEL JOSEPH C. BAILY, ASSISTANT MEDICAL PURVEYOR.—Is at his own request relieved from the charge of the medical purveying depot in New York City, and is by direction of the President, under the provisions of the act of Congress approved June 23, 1874, assigned to duty as surgeon in the Medical Department.

He will report in person to the commanding general, Department of Texas, for assignment to duty as medical director of that department, to relieve Lieutenant-Colonel E. P. Vollum, Surgeon. Par. 1, S. O. 255, A. G. O., Washington, November 1, 1888.

Leave of absence, for one month, on surgeon's certificate of disability, is granted Major William H. Forwood, Surgeon, U. S. Army, Fort Snelling, Minn. S. O. 100, Headquarters Department of Dakota, St. Paul, Minn., October 20, 1888.

MAJOR WILLIAM D. WOLVERTON, SURGEON.—Is relieved from duty at Fort D. A. Russell, Wyoming Territory, and will report in person to the commanding officer, Fort Douglas, Utah Territory, for duty at that post. Par. 16, S. O. 248, Headquarters of the Army, A. G. O., Washington, October 24, 1888.

By direction of the Secretary of War the leave of absence granted Major John W. Williams, Surgeon, in S. O. 209, October 4, 1888, Division of the Atlantic, is extended one month. Par. 14, S. O. 246, A. G. O., October 22, 1888.

Dy direction of the Secretary of War, leave of absence. for one month, to take place on the completion of his present duties, is granted Captain Edward C. Carter, Assistant Surgeon. Par. 13, S. O. 246, A. G. O, October 22, 1888.

Leave of absence, for one month, on surgeon's certificate of disability, is granted Major John H. Bartholf, Surgeon, U. S. Army, Fort McIntosh, Texas. Headquarters Department of Texas, San Antonio, Texas, October 10, 1888.

CAPTAIN LEONARD Y. LORING, ASSISTANT SURGEON.—Promoted to surgeon, with the rank of major, October 9, 1888. Vice Meacham, deceased.

CAPTAIN DANIEL WEISEL, ASSISTANT SURGEON, U. S. ARMY.—Died at Fort Sill, Indian Territory, October 30, 1888.

CAPTAIN PAUL H. BROWN, ASSISTANT SURGEON.—Is relieved from duty at Fort Sidney, Nebraska, and will report in person to the commanding officer, Fort D. A. Russell, Wyoming Territory, for duty at that post. Par. 16, S. O. 248, Headquarters of the Army, A. G. O., Washington, October 24, 1888.

By direction of the Secretary of War, Captain Norton Strong, Assistant Surgeon, is relieved from duty in the Department of Arizona, and will report in person to the commanding officer, Fort Schuyler, New York, for duty at that post, and by letter to the commanding general, Division of the Atlantic. Par. 4, S. O. 255, A. G. O., Washington, November 1, 1888.

By direction of the Secretary of War, Captain William H. Arthur, Assistant Surgeon, is relieved from duty at Fort Bowie, Arizona, and will report in person to the commanding officer, Fort Bayard, New Mexico, for duty at that post. Par. 21, S. O. 250, A. G. O., Washington, D. C., October 26, 1888.

CAPTAIN W. O. OWEN, JR., ASSISTANT SURGEON, FORT LEAVENWORTH, KAN.—Will proceed at once to Fort Sill, I. T., and report to the commanding officer for temporary duty at that post. Headquarters Department of the Missouri, S. O., 133, Par. 1, Fort Leavenworth, Kan., October 30, 1888.

By direction of the Secretary of War, First Lieutenant William C. Borden, Assistant Surgeon, is relieved from duty at San Antonio, Texas, and will report in person to the commanding officer, Fort Ringgold, Texas, for duty at that post. Par. 11, S. O. 247, A. G. O., Washington, October 23, 1888.

Leave of absence, for one month, with permission to apply for an extension of one month, is granted First Lieutenant R. R. Ball, Assistant Surgeon, U. S. Army. Par. 3, S. O. 129, Headquarters Department of the Missouri, Fort Leavenworth, Kan., October 18, 1888.

JAMES D. GLENNAN and ALFRED E. BRADLEY.—Appointed Assistant Surgeons, U. S. Army, with rank of First Lieutenants, to rank from October 29, 1888.

By direction of the Secretary of War, First Lieutenant James D. Glennan, Assistant Surgeon, recently appointed, will repair from this city to Willets Point, New York, and report in person to the commanding officer of that post for duty. Par. 3, S. O. 255, A. G. O., Washington, November 1, 1888.

CHANGES IN THE MEDICAL CORPS OF THE U. S NAVY FOR THE TWO WEEKS ENDING NOVEMBER, 3, 1888.

P. ASST. SURGEON HOWARD SMITH.—Detached from the "Wabash," and granted six months' leave with permission to leave the United States.

ASST. SURGEON E. W. AUZAL.—Ordered for examination, preliminary to promotion to P. Asst. Surgeon.

ASST. SURGEON F. W. F. WIEBER.—Ordered for examination, preliminary to promotion to P. Asst. Surgeon.

ASST. SURGEON E. W. AUZAL.—After examination detaches from Naval Academy and to Navy Yard, New York.

ASST. SURGEON J. F. ARCE.—Detached from the "Franklin" and to coast survey steamer "Gedney."

ASST. SURGEON THOMAS OWENS.—Detached from the coast survey steamer "Gedney" and to coast survey steamer "Blake."

ASST. SURGEON F. A. BERRYHILL.—Detached from coast survey steamer "Blake" and to Naval Academy.

ASST. SURGEON A. N. T. HARRIS.—Detached from Naval Hospital, Mare Island, Cal., and wait orders.

P. ASST. SURGEON JOHN H. HALL.—Detached from the "Monongahela" and wait orders.

P. ASST. SURGEON M. H. CRAWFORD.—Detached from the "Vandalia" and to the "Monongahela."

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PHILADELPHIA MEDICAL TIMES.

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No. 546. DECEMBER 1, 1888. VOL. XIX

CLINICAL LECTURE.

TWO CASES OF OSTEO-MYELITIS.

BY JOHN B. DEAVER, M.D.,

Surgeon to the Philadelphia Hospital.

Reported by ERNEST B. SANGREE, A.M.

GENTLEMEN: The first patient I bring before you is a young man who has already undergone two amputations of his right thigh at different times, and, necessarily, at different places; and you now see only the upper third of the thigh remaining. Unfortunately neither of these amputations has turned out well, and he has come into my hands for further treatment.

Perhaps the most frequent trouble following an amputation is mechanical ulcer of the stump. This is particularly the case in children, where, if the

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flaps are not made on a generous scale, the bone lengthening at the epiphyseal junction, presses on the soft parts, giving rise to the ulcer referred to. Another possible sequela calling for amputation is varicose aneurism.

We may also have a neuroma make its appearance in a stump, and as the patient is thus prevented from wearing an artificial limb, amputation is again required.

One more trouble following an amputation and making another operation necessary is osteo-myelitis. That is what we have in this case, and in a few days I purpose removing the affected thigh at the hip joint.

In osteo-myelitis sinuses form through which escapes pus from the broken down tissues. The end of the stump thickens, and the patient has continual and often excruciating pain. Sooner or later pus is absorbed, passes into the system, giving rise to septicæmia or pyæmia, and thus placing the patient, of course, in the greatest danger.

In this instance you notice the opening, or sinus, down which I can pass a probe until it touches the surface of the bone, roughened through inflammatory action. You also notice the redness along either side of the cicatrix. He complains of pain along these lines, and the pain is increased by pressure.

Nothing but amputation will do this patient good; all the necrosed bone and diseased tissue must be removed; and as he has already undergone two operations, he can the more easily endure this one—he's gotten used to it, as it were. It is a fact, indeed, that patients suffering from chronic bone diseases undergo these capital operations remarkably well. I shall be greatly surprised if I have anything but a good result; though were I to perform the same operation for a railroad accident my prognosis would by no means be so favorable.

AMPUTATION OF FOREARM.

The next patient is one whose right forearm I shall amputate before you.

Her case is rather peculiar. Some months ago, while indulging in some fisticuff exercise with a belligerent neighbor, in the course of one of the rounds her neighborly opponent transgressed the rules so far as to bite her wrist.

The first result of this punctured wound was a cellulitis. But the inflammation, instead of soon subsiding, spread wider and deeper, till there were involved both the sheaths of the tendons, the synovial membranes, and, finally, the bones themselves.

The hand grew so bad that the surgeon who had the case performed the difficult operation of wrist joint resection, removing the carpal bones.

However, the disease had already invaded the proximal ends of the metacarpal bones, producing an osteo-myelitis; and in a short time after the operation the hand was just as bad as, and perhaps worse than, before. The woman then came under my care.

The prolonged suppuration has already caused constitutional symptoms; and it is only a question of a short time till we should have septicæmia or pyæmia. Amputation above the wrist is now needed, and that I shall proceed to do.

The best of antiseptic precautions have been taken and will be taken, and we confidently count on having a good result. Yesterday the arm was washed successively with soap and water, turpentine, ether and alcohol. After this it was enveloped in a towel saturated with a solution of $\frac{1}{1000}$ bichloride of mercury. This morning that towel was replaced by another saturated with a weaker solution ($\frac{1}{2000}$). The hand, which is discharging pus, will be wrapped in a similar towel, so that none of the offensive and purulent matter may get into the wound, and other towels will be spread about, in order that neither the operator's hands nor his instruments may touch anything that is not thoroughly aseptic. My hands I now wash successively with soap and water, ether, alcohol and bichloride, leaving them undried. You frequently see surgeons wash their hands in some antiseptic solution and then wipe them on a dry towel. They might just about as well not wash them at all. Whatever is worth doing is worth doing well; and if there is anything in antisepsis, the system should be thoroughly carried out or not undertaken. The beautiful results that we get in this operating-

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room must certainly prove most conclusively to all who witness that there is much in antisepsis.

Before beginning, we put around the arm simply the Esmarch tube, as we wish to avoid the consecutive hemorrhage resulting from the vaso motor paralysis consequent to the application of the Esmarch bandage.

I now remove the diseased member by making an antero-posterior flap of the skin and the superficial fascia and a circular flap of the muscles, having the parts sprayed the while with a $\frac{1}{1000}$ solution of bichloride of mercury. After tying the main vessels, and before closing the wound, we loosen the Esmarch tube, to see if there is much bleeding, because a great desideratum to the healing of a wound is to have the parts dry when they are brought together. There is here considerable bleeding, and we are compelled to tie a number of small vessels which have become enlarged through the continued inflammation, but which, in an amputation for an accident, would require no ligatures.

The hand which has been taken off will be preserved in alcohol. I make a point of doing this in every case, because in view of a possible suit for malpractice, against which contingency a physician must always be on his guard; the actual specimen may prove of the utmost value.

A few days since I was called to testify for a surgeon who had been sued for $20,000 damages, because of a patient who died after an operation for cancer of the breast. Most fortunately he had preserved the growth, which had been pronounced cancerous by an expert pathologist after a microscopical examination; and the exhibition of the specimen to the jury strongly influenced them in acquitting him of blame.

The nerves have been cut off well up, so that none may be caught in the cicatrix; and I avoid tying an artery and a vein with the same ligature, for in that case we should probably have an aneurism making its appearance—one of the possible unfortunate sequences of an operation mentioned in the first part of this lecture as calling for amputation.

The drainage tube I shall use will be of rubber loaded with prepared horsehair. The tube will be taken away in twenty-four hours, and at each subsequent dressing a few strands of the horsehair removed; so that by the time the superficial parts are healed the deep parts will be also. Besides the ordinary dressings I shall place the arm in an internal angular splint, as this keeps the muscles completely at rest and greatly assists the healing process.

AORTIC ANEURISM.

BY PROFESSOR WILLIAM OSLER, UNIVERSITY HOSPITAL.

GENTLEMEN: This is a case of unusual interest to you. The patient, a man aged 46 years, a stone cutter by trade, attended the dispensary for the first time on the 29th July, 1887. He gave a history of pain in the chest passing through to the back and accompanied by a dry, hacking cough. These symptoms were of seven months' duration, and were much increased during wet weather. On the 5th August of the same year, a physical examination revealed the following condition: A distinct prominence of the second right costal cartilage and manubrium was evident on inspection, the resonance being impaired. Over the aortic area the first sound was faint, the second being replaced by a blowing murmur transmitted down the sternum and to the right. A thrill was noticed over prominence of the manubrium; pulse 80, no perceptible difference being noticed in the radial arteries of the right and left sides.

During the months of September, October and November, the pain was very severe, frequent hypodermic injections of morphia having to be taken to obtain relief. Paralysis of the right vocal cord was observed. The patient was put on iodide of potassium, 40 grains in the twenty-four hours. Under this treatment there was much improvement in the symptoms as well as in his general condition. To-day, gentlemen, observe what a healthy looking man he is. If you saw him in the street you would say what a fit subject he was for a ten thousand dollar insurance. His appetite is good and he sleeps well. You observe, however, that he is still

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hoarse, and that he has a peculiar husky cough.

An important event took place on April 4th, of the present year, when he had a severe bronchial hemorrhage which lasted from 2 A. M. until 7 A. M., during which time he says he must have vomited a least two quarts of blood. Three weeks after, he had a slight attack of hemoptysis; but there was no recurrence of the severe hemorrhage. On examination you notice that there is a very slight prominence of the sternum. Visible pulsation can hardly be said to exist except you look obliquely across the chest in a good light. On palpation, there is very little impulse. Dulness still exists over the right sterno-clavicular articulation and for two fingers' breadth below that point. The apex beat of the heart is felt in the nipple line, fifth interspace. A sharp systolic murmur, and a prolonged blowing diastolic murmur are heard, loudest in the third interspace to the right of the sternum; with the blowing murmur the second aortic sound is distinctly heard, and carried into the right common carotid artery. This is a matter of some importance as it shows that the aortic semi-lunar valves are intact. No difference in the radial pulses is perceptible.

Now, gentlemen, what has taken place in this case is evidently a process of consolidation of the sac, and the deposition of laminated fibrin in its wall. This is practically a cure and is all we can expect to do in cases of aneurism of the aorta.

The patient's symptoms have progressively improved. The pain has disappeared and he is able to resume his occupation. The severe hemorrhage which took place in April last can have come from nowhere else but the aneurismal sac which had evidently by continued pressure eroded the right bronchus.

In the treatment of aortic aneurism all our efforts are directed to aid the deposition of laminated fibrin in the wall of the sac, and cases in which the patients survive for more than two or three years are those in which this deposit has taken place. Now to what shall we attribute the good result in this case—to nature or art or both? During the past year there have been four or five instances at the Philadelphia hospital of aortic aneurism which have been cured by nature's unaided efforts.

When you discover a tumor in this region it is necessary to place the patient under those conditions in which the deposition of fibrin will take place most readily. The first and most important undoubtedly is *rest*, which, by reducing the number of heart beats, reduces the number of aneurismal pulsations. By placing your patient in absolute rest you often can save from thirty to forty heart beats per minute. The second indication is to reduce the amount of liquids and solids taken into the system; by this means the quantity of fluid circulating through the sac is greatly diminished and distension prevented. This line of treatment was first practiced by Trefuell, an eminent surgeon of Dublin, Ireland.

With regard to medicinal treatment, there is one drug which without doubt exercises an important influence on the sac of the aneurism. I allude to iodide of potassium, which aids the deposition of laminated fibrin and relieves the pain of which most patients complain.

ORIGINAL ARTICLES.

IS THE DIGNITY OF THE MEDICAL PROFESSION DEGENERATING?

By F. S. WILSON, M. D.

(Read before the Montgomery County Medical Society.)

IT will seem strange, perhaps, to ask this question in this age of progress in this nineteenth century, wherein so much advancement has been made in the arts and sciences; yet I am constrained to put this question, and, in the light of practical experience, answer it affirmatively. It is humiliating, I must confess, for one who entered the medical profession over eighteen years ago, with almost a sublime idea of its dignity, to admit that there is less of dignity now than there was then.

My earliest recollection of a physician, either country or city, I make no distinction, was one whose presence always inspired a certain amount of awe, of respect; one whose importance was

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felt and appreciated, and whose opinion was sought after and paid for without grudge and without cavil. There was a certain amount of independence about the old time practitioner that always enlisted our praise; there was a certain amount of moral courage which he always exhibited that challenged our respect. His opinion when given, however rustic it might be, showed that it was born of originality; his ideas, however crude, bore the impress of his own thought. His convictions were not brought about by following any other man's ideas, and his work was not consummated by acting as tail to any other man's kite. He was his own, original self. He made his fee according to the financial condition of his patient and the value of his professional service, and was paid by his clientèle, I am sorry to say, with a much larger degree of gratitude then than now.

It will be argued, no doubt, that the competition is much stronger now than then, brought about by the increased number of practitioners. This I will admit; but that it should be accompanied by lowering the dignity of the profession, I will not admit. This over-crowding of the medical profession is a growing evil—it is a millstone hanging around the neck of the medical profession of this country, for which they alone are responsible. Had the better class of practitioners of this country labored in season and out of season for a higher standard of preliminary and a longer period of medical education, for a better preservation of the ancient dignity of the profession—had they sought industriously to have educated the people up to that standard whereby they could have discriminated between the charlatan and the true medical man, between sycophancy and medical honesty, between the Cheap John and the man who believes every laborer worthy of his hire, between the conceited fool and the modest man, they would not now be confronted with this Octopus, medical ignorance, reaching out in every direction to destroy what was once the prominent characteristic of the medical profession of this country, viz., *dignity*. It is a sad spectacle to see men who have been practicing medicine for eighteen or twenty years go a distance of three, four or even five miles, furnish the medicine and pay the visit, perhaps, to a well-to-do farmer for the paltry sum of *one dollar;* but we will be told that this is necessary; that competition is so great and its demands are so imperious, that he who wishes to live must come within its folds. Again, we are told that the medical schools are at fault for having made their collegiate course so short, and their requirements for graduation so easy, that annually they grind out such a large number of doctors, eager for practice as well as for experience, and the market thereby being overstocked, the old and experienced physician must be put on a level with the new and *inexperienced*.

I admit that there is some force to this argument; but I also assert that the medical profession is at fault in allowing the people to drift into such ideas. Had the medical profession taught the laity that *cheapness* implies inferiority; that certain kinds of knowledge come only from experience; that doctors are like horses—some are worth more than others—that dignity, coupled with knowledge, skill with courage, boldness with honesty, kindness with determination, diagnostic ability with sound therapeutics, are the necessary requisites of a successful physician—had the medical profession taught this, I repeat, the people would not to-day be so lamentably ignorant of what is to their own advantage. However, physicians sometimes do small things and resort to petty practices, and offer as an excuse for such action that they are advancing with the age; that *this* is a commercial age; that they are keeping abreast of the times. For instance, a physician will lower his fees when he has a patient in the same house or next door to where a brother practitioner is attending. He defends such action by saying that it is *business;* that these times are not as they used to be; that he is only doing what our large merchants do. We will admit that we do not look upon such actions as practiced by an unscrupulous dealer in second-hand clothing with the same amount of abhorrence as we do with one who claims to belong to the ancient and honorable profession of medicine.

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How do such actions comport with the dignity of the medical profession? Let the execration of such practices be the answer. We cannot blame the people so much for driving such close bargains with the physicians, when by the tolerance of the latter they have allowed the former to dictate their own terms. So bold have become the people by the truckling spirit of the physicians that even the green servant girl takes up the refrain of her mistress, and tells the physician with an exasperating coolness what she is going to pay him for the attendance which he has given her. It is this want of just appreciation on the part of the people towards the medical profession, engendered by the pusillanimity of the latter, that is to-day driving into the retirement of private life some of the brightest stars in the medical constellation. Is there no remedy for this disease, which has crept upon us so stealthily? I answer *yes*, there is.

Then let the remedy be applied vigorously and with a bold hand, that the disease may end speedily in *resolution*. Let the physicians at once arouse and shake off their cowardice; let them get back to where they once stood in their relation to the people; let them combine for their mutual good; let them not be so much afraid of their popularity, not so much afraid of the large graduating classes at the colleges, not so much afraid of criticism, not so much afraid of losing their business. Let them teach the people that theirs is a learned and dignified profession, and as such they demand for it respect and appreciation. Let such a program as this be once inaugurated, and soon a mighty change will be wrought.

We consider our profession a liberal one. We do not wish to be placed on a level with the daily laborer. If we charge a certain fee for one visit, it does not follow that that irrevocably fixes it for all visits, regardless of time spent. But this education of the people must come from the medical profession; it must be so simple that he who runs may read. It must be so bold that none dare to controvert it; it must be so ingenuous that none can disguise it.

I wish I could burn these facts into the heart of every medical practitioner of this country. I wish I could transform these words into so many ghosts, to rise up before the vision of every student contemplating the study of medicine. I wish I could strike with awe every legislature that was about to legislate upon this important subject. I wish I could paralyze with fear every medical faculty that would teach otherwise. But I trust the day will soon come when the medical profession will get back to its ancient moorings in regard to *dignity*, and God grant that the small practices that have crept into the profession may soon be eliminated, and that she may stand as she used to stand, the most liberal and the noblest of all professions.

RECENT MEDICO-LEGAL CASES.

HENRY A. RILEY, Esq., New York.

THE question of corporal punishment in schools is one of considerable importance, and the tendency has been towards abolishing it. There are, however, circumstances which in the opinion of judges warrant the infliction of this mode of correction, and an Indiana case will be of interest, although the reader is not informed exactly what the offense was. The case is summarized as follows: "A pupil having been guilty of insubordination, his teacher after consulting with the township trustee, offered him his choice of a whipping or expulsion. He chose the former which was inflicted with a two-pronged switch from a tree, nine sharp blows being given.

The pupil made no outcry, and the next morning came back to school as usual without showing any injury. The whipping was painful, and some abrasion of the skin was produced; but there was nothing to show any intentional undue severity or improper motive on the part of the teacher.

It was held by the court on appeal that the evidence did not justify a conviction of assault and battery. The switch used was not an inappropriate weapon for a boy of Patrick's age of sixteen years and apparent vigor His offence as a breach of good deportment in a school was not one to be overlooked or treated lightly. It was calculated, and was most likely intended to humili-

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ate the teacher in the presence of his pupils, and its tendency was to impair his influence in the government of his school. The motive was apparently revenge for having been required to stand by the stove for a time, as a punishment for a previous violation of good order. The conviction therefore of the teacher on the charge of assault and battery was set aside.

In a late Michigan case, a person was charged with the crime of rape, and had been convicted and sentenced. He then appealed, alleging among other grounds for reversal that he had been examined in jail, for signs of venereal disease, by physicians sent by the prosecuting attorney, and the physicians had testified in court as to the result of such examination. It was claimed that this testimony was not competent. The court held that this point was not sound, saying: "It is not claimed that any confidential relations existed between the defendant and the physicians who examined him, or that such examination was made to enable the physicians to prescribe for him; or to do any act for him as a surgeon; and the defendant was told at the outset by the physicians, that they had come there at the instance of the prosecutiong attorney, and he voluntarily submitted to their examination. Under the circumstances here stated, we think this testimony was competent, and the physicians were properly permitted to testify to the information derived from such examination. The privilege does not extend to cases where no confidential relations exist."

The *Albany Law Journal* comments thus upon the opinion of a prominent physician of Hartford, Conn., that Otto, who was hanged at Buffalo in 1884 for murder was insane and, therefore, not guilty: "Dr. ——— pronounces him 'another victim of medical-non-expertness and judicial incompetency,' and compares his case to that of the Salem witches. This is as logical as the modern physician usually is, when he gets this 'bee in his bonnet,' of struggling to save drunken, bad-tempered, ignorant fellows from the gallows on the plea of insanity. For ourselves, we are growing to believe that when a man commits murder under the influence of strong drink, especially as the result of a long course of dissipation, even though he may be crazy from drink at the time, the best thing for society is to put an end to his dangerous life. Not if he becomes insane through the visitation of God, but only when he becomes insane through the indulgence of his own vicious passions. If he wants to do so, the doctor may set us down as an adherent to what he describes as 'the mediæval theory that inebriety is ever and always moral depravity and incontrollable wickedness,' and that this is not 'mistaking insanity for wickedness.' There is always a time in the lives of most men when they know that it is wrong to kill, and if they lose this sense through a voluntary yielding to this vile appetite for strong drink, let them be judged as responsible." The opinion expressed by the *Law Journal* is one generally prevalent among lawyers, most of whom believe that the great and deciding test of responsibility is the power to decide between right and wrong, notwithstanding there may be many symptoms of insanity noticeable in the case of a murderer.

In St. Louis, recently, a person was fined for unnecessarily and cruelly beating a dumb animal, and appealed from the decision on the ground that there was no power inherent in the city courts to take cognizance of such matters.

The court in considering this point, said: "Laws for the prevention of cruelty to animals may well be regarded as an exercise of police powers. That good government calls for the condemnation of such acts as are prohibited by the ordinance ought not to be questioned. The subject is pre-eminently one for local municipal regulation.

Under the New York Penal Code, a person was a short time since convicted of murder in the second degree, but based his claim for a new trial mainly on the ground that the identity of the murdered person had not been conclusively shown. The startling question was thus presented, whether the Code prevented a conviction in a case where it could not be clearly shown who the murdered person was, although it might be proved conclusively that the accused had committed the crime.

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There seemed to be no doubt that the common law did not require absolute identification, and the court held that the Penal Code had not changed the rule, otherwise all that would be necessary for a person to escape punishment would be to mutilate his victim so terribly that identification could not be made. It would not even require mutilation to accomplish the result; for the hiding of the body until natural decomposition had done its work would bring about the same immunity from punishment. The court held that so monstrous a doctrine was not intended by the Penal Code and could not be deduced from any of its statements.

The question of convict labor has become an exceedingly important one in very many of the States, and it is to be feared that there is so much ignorant prejudice on the subject that the matter will not be fairly considered on its merits. The extent by which it interferes with free labor outside the prison walls has been greatly exaggerated, so that the terrible evil of idleness and its attendant moral deterioration is not thought by many to be as serious as the reduction in price of the articles manufactured.

It is doubtful, however, whether in New York and some other States the public sentiment will allow any return to a system by which there is any possible competition with private labor. There does not seem any reasonable objection, on the other hand, to the employment of convicts on public works, such as roads and canals. At all events, if there is any objection, it should not be considered when it is once understood that there is almost no possibility of reformation among convicts unless they have the stimulus of employment in some way to occupy their hands and keep their minds drawn away from their former vicious life. The wretched system of farming out convicts in the South is worse however than anything we have in the North, and this is the way a paper recently described it: "In some of the States the penitentary is becoming a sort of receiving ship where convicts abide until they are sold into slavery or farmed out, if that euphonism is preferred, to the highest bidder or to favored contractors. In due season, if this course is persevered in, it is safe to predict the worst horrors of the galley, of the penal colonies, even of Norfolk Island, and the Siberian mines, will be reproduced in our own country."

The Penal Code of New York recognizes as a very serious offence the bringing of a female into this State for purposes of prostitution, and punishes it as kidnapping.

The section declares that a person is guilty of kidnapping who "seizes, confines, inveighs or kidnaps another with intent to cause her without authority of law to be securely confined or imprisoned within this State, or to be sent out of the State, or to be sold as a slave, or in any way held to service or kept or detained against her will.

In a recent case a defendant was convicted who induced a female voluntarily to take passage for a foreign port under pretence that he had there found employment for her, but intending to place her in a house of prostitution, and it appearing that she would not have consented to go out for such false pretense.

In a late case tried in Brooklyn, N. Y., a parent brought suit for damages resulting from an injury to his child, claiming loss of service on the part of the child as the main ground of the action.

The complaint also asked remuneration for the expenses of medical treatment already had, and for that which was thought to be necessary in the future. The Court refused to consider this claim, however, and said it really belonged to the child himself to set up. It might happen that the death of the child would prevent the medical services being rendered, or he might be taken to a hospital where he would be treated at the public expense. For these reasons the Court declined to go into the question of prospective medical services as a ground for heavy damages.

The cases in the courts where sewers and health measures are considered are steadily increasing, and are one of the signs of complex and ever widening civilization. In an action before the Pennsylvania Supreme Court, a person laid out a large number of city lots, and dedicated to the use of the public an

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alley running in the rear of the lots. This alley was used as a passage way and for the drainage of the surface water. After a time it became necessary to dig underground sewers, and when this was attempted, the former owner of the alley objected, on the ground that such a use of the alley was not intended by the dedication. The court, however, held that the right of underground sewerage was one naturally inherent in the public in the case of dedicated lands, and that there was no evidence to show that the adjacent holders were entitled merely to surface sewerage.

SPECIFIC URETHRITIS.

BY S. H. BRITTON, M.D.

Read in June, 1888, before the Marion Co. Society.

IN lieu of the paper that ought to have been presented to-day by the regular essayist, with your permission I'll read a brief report of a case of specific urethritis.

I would premise that it is not without an expectation of benefit that I call your attention to the subject; for I recently treated a case of gonorrhœa that was not a little perplexing and, in spite of medicines that ought to have had positive effects, was unduly protracted.

Besides, there being a multiplicity of remedies of vaunted utility in gonorrhœa, reference to the subject may elicit opinions of importance to us all, therapeutically.

Of the cause, symptoms or differential diagnosis of gonorrhœa, I have nothing to say, but will call your attention briefly to the clinical features of the case referred to. The patient, after six weeks' treatment by a regular practitioner of high standing, drifted into my hands April 3d. His general health had suffered materially. He was extremely despondent and his lack of confidence in the efficacy of medicines was quite apparent. Had had a succession of irregular chills, and his temperature was now 103½° F. Tongue was heavily coated and there were anorexia, headache and epigastric tenderness. Bowels had been somewhat loose. Locally, the penis was swollen, and there was tenderness, along the entire urethra, especially marked in the membranous portion.

There was supra-pubic tenderness and marked irritability of the bladder; for he had been urinating for twenty-four hours, every half hour, each act being accompanied by vesical tenesmus and intense ardor urinæ.

Urine was decidedly acid. The chordee was very distressing and, together with the frequent acts of urination, entirely prevented sleep. Patient told me as an actual fact that he had not slept a full hour for four weeks. There were swelling and tenderness of the inguinal glands. In spite of the injection he had been using faithfully and which, he said, invariably produced atrocious pain, there was an abundant purulent discharge. Both testes were swollen to more than double their natural size, and were exquisitely tender.

The coincidence in this case of an urethral discharge and orchitis was notable. Judging by the temperature, frequent urination, vesical tenderness and supra-pubic tenderness, I could not avoid the conclusion that there was some cystitis, during which also the urethral discharge should have abated. The swelling of the testes was not confined to the epididymis, but was general. The prepuce was phymosed, and there was occasional retention of urine, which could easily be overcome by the introduction of a small bougie.

The patient remarked that he not only had gonorrhœa, but all of its complications. He was certainly correct, for he had, in addition to the above, most promising prospects of a stricture in the pendulous urethra. About two and a half inches from the meatus was an indurated ring, extending around the urethra, involving the corpus spongiosum and the corpora cavernosa. The sensation communicated to the finger was that of a *solid* ring encircling the urethra, beneath the integument. The patient stated that, previous to the appearance of this ring, the urethra had been unusually sore at that point.

As to the treatment, simple mention must suffice. Ten grains of calomel, followed by a saline cathartic, alkaline diluents, horizontal posture, hot sedative applications, hot water irrigations of the urethra, etc.

There was a decided improvement,

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but after a few days the symptoms above mentioned were made fully as bad, if not worse than before, by an indiscretion of the patient; and from that time refused to be ameliorated by any standard treatment that was given him. After about ten days, having changed tactics a few times with no success, and noticing a dissatisfaction with the results I was getting, on the part of the patient, I prescribed as follows:

Dr. Chas. L. Mitchell's soluble medicated bougies—one or two containing morphia and oxide of zinc were allowed to dissolve and remain in the urethra during the day, and one containing morphia and cocaine was used at night. The scrotum and penis were immersed and held in very hot water from ten to twenty minutes about three times a day. In three days I saw the patient again, and was quite surprised to find *no inflammatory symptoms whatever*, except a soreness in the situation of the indurated ring referred to. But the ring was entirely gone.

There was no more painful urination, no chordee, no discharge, nor swelling anywhere. Appetite was good, bowels regular, and the patient could retain his urine 4 or 5 hours without inconvenience. The treatment, it is hardly necessary to say, was continued, not so many bougies being used, however, and the patient pursued his ordinary avocations with no special inconvenience. Four weeks afterward I saw him, and there were no symptoms at all, nor were there any signs of a stricture. It is very possible, gentlemen, that I am over-enthusiastic on account of such a result as the above in a case that had so long resisted undoubtedly good treatment. And I feel on that account like being slow to pronounce encomiums on the treatment which was so satisfactory in this case.

But I must confess that, in my opinion, we have in Dr. Mitchell's soluble medicated bougies, a most thorough method of treating urethritis, in that the medicament is brought in direct contact with the diseased part, and can be kept there; thus insuring a favorable effect in all cases.

WHICH IS THE LIBERAL SCHOOL?

BY CHARLES McINTYRE, JR., M.D.,
of Easton, Penna

Read before the American Academy of Medicine.

The title of this paper is open to the criticism of the advocates of literal accuracy in that it assumes a fact that many deny. However, the popular use of the term conveys an idea, the meaning of which cannot be misunderstood, and, it is hoped, the thought developed will excuse the apparent approval of a popular fallacy.

The paper itself was suggested by some correspondence with a gentleman who possessed the necessary degrees to admit him to fellowship; but, as it transpired, his medical degree was from a Hahnemann college; he, consequently, was unwilling to subscribe to the code of ethics of the American Medical Association, as required by our constitution. In a perfectly courteous and gentlemanly letter, he deplored the fact of non-intercourse and asserted that as homœopathic practitioners of to-day do not rely solely upon the doctrine of similars, and, consequently, with a very little exception, we think alike and act alike, it is illiberal and bigoted in the "old school" to deny that free intercourse which our common end in life demands. And while reading this letter, the question again arose in my mind, Who are the truly illiberal and—well, possibly also bigoted? But before discussing the question, not being desirous to use this assertion from a private letter as a fact upon which to found an argument, I desire to quote from an "Address delivered by the President of the Pennsylvania Homœopathic Medical Society, Hugh Pitcairn, M. D." This address was delivered in Philadelphia in September of the present year, and is printed in pamphlet form. He says:

"Hahnemann, in his inimitable Organon, says; 'The physician's highest and only calling is to restore health to the sick. 'The highest aim of healing is the speedy, gentle, and permanent restoration of health, or alleviation of disease in its entire extent, in the shortest, most reliable, and safest manner.'

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"Whatever we may credit further of his writings, more than the law of similars which he gave us, we can all stand firmly and unitedly on these bases. How well we have this year thus performed our different duty we may only know here in part, but cannot know fully; so it behooves us not to be too hasty in our conclusions, or too quick in our condemnations; neither should we say complacently, 'Are not Abana and Pharphar . . . better than all the waters of Israel?' We must familiarize ourselves with, and investigate all things pertaining to therapeutic science, holding fast only that which is good." * * *

"I was peculiarly and forcibly impressed with these interrogative sentences of the address of Prof. A. R. Thomas, last year, at our Pittsburgh meeting:

"Does homœopathy constitute the whole of therapeutic science?" "Is the physician less prepared to cope with a disease in its varied forms whose knowledge and use of drugs is always and only confined to their homœopathic use?" "Has the physician discharged his full duty to his patients, in all cases, when he has made most careful selections of the symptoms in the case?" "May the medical school, in view of its responsibility in the education of physicians, confine its therapeutic teachings to the homœopathic medication alone?" And without wishing to antagonize the peculiar views of any member of our State Society, I am constrained to affirm negatively every proposition."

The question that I desire to consider, in a dispassionate way, may be expressed: Does that branch of the legally qualified practitioners of medicine self-called "regulars," nicknamed "allopathic,"—but falsely, as has been so ably shown by Dr. Bombaugh in a paper before the Academy some years ago—does this branch show illiberality in their professed rule of non-intercourse with any other branch which professes to use any exclusive dogma of therapeutics; or does that branch, self-called "homœopathic," itself show its narrowness by adherence to the therapeutic law so asserted by the very name it bears?

Let us keep clearly in view that the question is not in the use of preparations of peculiar make. I have known of several physicians who have used the "mother-tinctures" upon the false supposition that they were necessarily stronger than the official preparations, and yet I think the most ardent devotee to the strictest construction of the letter of the code could find here no obstacle to consultation. I had related to me the experience of an old gentleman, a country practitioner, who, in his early practice, found families desirous of homœopathic treatment. My friend purchased a box with the necessary phials of pellets; his children secured the case one day and emp ied the pellets into one mixture. It would not do for a frugal country practitioner to waste so much medicine, so he filled his little bottles with the mingled pellets, and the compound worked as well as singles had done. I do not for a moment aver that this was homœopathy: but the employment of this special form of drug did not ostracise this doctor, nor prevent his raising a son to practise medicine pure and undefiled.

Neither does the answer to the question depend upon any idea or theory of the action of the medicine. A history of medicine, from a therapeutic standpoint, is almost exclusively a story of the rise and fall of the theory upon which medicines were supposed to act. These periods were not sharply defined, and overlap each other, so that everywhere along the line might be found men who had even opposite views of the action of drugs, but this in itself is not a bar to their meeting.

It is also well to remember that because the teaching of Hahnemann has not been generally adopted, it is not a sequitur to assert that these teachings have not been examined, and whatever of grain they may have possessed has been placed in the general storehouse of scientific medicine. The language describing the fact may have changed, the theory explaining the phenomena may have been regulated by a hypothesis that fits more accurately the more extended view of progressive medicine, but the facts themselves have been preserved, and are used as the common property of medical knowledge.

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But why, if these statements be true, does this condition of non-intercourse exist? I think, possibly, in the first place that the early disciples of Dr. Hahnemann attacked with a great deal of energy the methods of practice of their fellows, sometimes offensively, and sometimes also the men attacking, except the study of a book of symptoms, and the remedies therefore, had no training in medicine. It was also at a time when the therapeutics of the "old school," may I say, needed modification in some particulars, and these attacks of the "new school," as they might then have been called, were none the less hard to bear because they contained grains of truth. A very natural enmity sprang up which has not had the opportunity to be allayed on account of the second reason. This was the assumption of a title to distinguish them from others, which title assumes adherence to a certain definite hypothesis in the selection of remedies. In other words, these gentlemen builded a wall around themselves separating their portion of the world from the general republic of medicine, or if they prefer, lifted themselves upon a platform, and then complain that the dwellers of the great prairie are narrow, since they bound their views by the horizon and not a limit of man's making. This in the very nature of the case would keep up the old feeling.

But they say, and I again quote from the pamphlet address of Dr. Pitcairn, "Yet they were broad minded investigators of truth from every source, and learned in all the wisdom of the schools." No longer, we may paraphrase, are we the abject followers of one man, but we are earnest students of the phenomena of health and disease, and use whatever remedy will best produce the results we desire, whether it is explained by the law of similars or not. Why then claim the name? It has been asserted, and truthfully I think, that the practice of an educated man calling himself a homœopath, and of an educated man without any therapeutical soubriquet, differs in naught but in non-essentials; only in those cases when the treatment required is of that sort that has sometimes been euphonized as expectant. Hence the assertion made some years ago, by whom I cannot now recall, that "Homœopathy was either a cloak of ignorance or a trade-mark." The popular mind, in part, has taken a fancy to the traditional "pleasant doses" and desires it for the children at least, some of them expressing a doubt as to its efficacy for themselves."

Herein is at least a temptation, so that if the assurance were given that they need not change their methods of thought a single iota, nor their therapeutic theories by so much as a jot, nor by a tittle any of their ways of procedure, but only drop the name which means what it does not appear to indicate, but only cease to place "Homœopathic Physician" on their signs, to call their colleges, "Like-Disease Colleges," and their institutions "Similia Hospitals," and there would be no generic bar to their consulting with even a member of the Judicial Council of the American Medical Association, there would still be some who clinging to their narrowing name would shout bigot. And I think I voice the mind of the more thoughtful APATHIC school, if I may be pardoned the word, when I say that if these gentlemen would so throw aside the only thing that apparently separates us, they would find all signs of illiberality to have passed away.

Let the narrowness and bigotry be placed where it belongs; not on those who are seeking for truth, wherever it may be found, and do not want to be hampered by even the temporary abiding under the shadow of a theory confessedly insufficient, but on those who shut themselves in a close of their own making and accuse the world of unsociability because there is no room within for any who think in any other way than they.

TRANSLATIONS.

PROPER NAMES IN MEDICINE.

The following list is translated from *La France Médicale:*

Addison's keloid	Morphœa.
" disease	Bronzed skin.
Alibert's "	Mycosis, fungoid.
Aran-Duchenne's disease	Progressive muscular atrophy.
Astley Cooper's hernia	Crural hernia with multilobar sac.
Argyll-Robertson's sign	Absence of pupil reflex.
Basedow's disease	Exophthalmic goitre.
Bazin's "	Buccal psoriasis.

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Beclard's hernia.....Hernia opposite the saphenous orifice.
Bell's palsy.....Paralysis of the 7th pair.
" spasm.....Convulsive facial tic.
Bergeron's disease.....Rhythmic localized chorea.
Boudin's law.....Antagonism of paludism and tuberculosis.
Boyer's cyst.....Sub hyoid cyst.
Bright's disease.....Albuminous nephritis.
Brown-Sequard's syndrome.....Hemiparaplegia, with hemianæsthesia of the other side.
Cazenave's lupus.....Lupus erythematosus.
Charcot's disease.....Ataxic arthropathy.
" " .....Lateral amyotropic sclerosis.
Cheyne-Stokes' respiration.....Uremic respiration.
Cloquet's hernia.....Pectineal hernia.
Colles' fracture.....Fracture of the lower end of the radius.
" law.....Non-infection of the mother by her syphilitic child.
Corrigan's disease.....Aortic insufficiency.
Corvisart's facies.....Asystolic facies.
Cruveilhier's disease.....Simple gastric ulcer.
Donders' glaucoma.....Simple atrophic glaucoma.
Dressler's disease.....Paroxysmal hemoglobinuria.
Dubini's disease.....Electric chorea.
Duchenne's disease.....Locomotor ataxy.
" palsy.....Pseudohypertrophic palsy.
Duhring's disease.....Dermatitis herpetiformis.
Dupuytren's disease.....Retraction of the palmar aponeurosis.
" hydrocele.....Encysted hydrocele.
E. Wilson's disease.....Generalized exfoliative dermatitis.
Eichstedt's disease.....Pityriasis versicolor.
Erb's palsy.....Paralysis of the roots of the brachial plexus.
Erb Charcot's disease.....Spasmodic tabes dorsalis
Fouchard's " .....Alveolo-dental periostitis.
Friedreich's " .....Hereditary locomotor ataxy
Gerlier's " .....Paralysant vertigo.
Gibert's pityriasis.....Rosy pityriasis.
Gibbon's hydrocele.....Hydrocele with voluminous hernia.
Gilles de la Fourette's disease.....Motor inco-ordination, with echolalia and coprolalia.
Goyrand's hernia.....Inguino-interstitial hernia.
Graves' disease.....Exophthalmic goitre.
Graefe's sign.....Dissociation of the movements of the globe of the eye and of the upper eyelid.
Guyon's sign.....Renal ballottement.
Harley's disease.....Paroxysmal hemoglobinuria.
Heberden's rheumatism.....Rheumatism of the smaller joints, with nodosities.
Hebra's disease.....Polymorphous erythema.
" pityriasis.....Chronic pityriasis rubra.
" prurigo.....True idiopathic prurigo.
Henoch's purpura.....Purpura with intestinal symptoms.
Heselbach's hernia.....Crural hernia with multilobar sac.
Hippocrates' facies.....Agonized facies.
Hodgkin's disease.....Adenitis.
Hodgson's " .....Aortic atheroma.
Huguier's " .....Uterine fibro-myoma.
Hutchinson's teeth .....Syphilitic teeth.
" triad.....Syphilitic teeth, interstitial keratitis, otitis.
Jacob's ulcer.....Chancroid.
Jacksonian epilepsy.....Partial epilepsy.
Kaposi's disease.....Xeroderma pigmentosum.
Kopp's asthma.....Thymic asthma; spasm of the glottis.
Kronlein's hernia.....Inguinal, properitoneal.
Laennec's cirrhosis.....Atrophic cirrhosis.
Landry's disease.....Acute ascending paralysis.
Langier's hernia.....Hernia across Gimbernat's ligament.
Leber's disease.....Hereditary optic atrophy.
Levret's law.....Marginal insertion of the cord with placenta prævia.
Littre's hernia.....Diverticular hernia.
Ludwig's angina.....Subhyoid infectious phlegmon.
Malassez's disease.....Cystic testicle.
Ménière's " .....Labyrinthic vertigo.
Millar's asthma.....Stridulous laryngitis.
Morand's foot.....Foot with eight toes.
Morvan's disease.....Analgesic paresis of the extremities.
Parrot's disease.....Syphilitic pseudo-paralysis.
" sign.....Dilatation of the pupil on pinching the skin.
Paget's disease.....Pre-cancerous eczema of the breast.
" " .....Hypertrophic, deforming osteitis.
Parkinson's disease.....Paralysis agitans.
Parry's " .....Exophthalmic goitre.
Pavy's " .....Intermittent albuminuria.
Petit's hernia.....Lumbar hernia.
Potts' aneurysm.....Anastomotic aneurysm.
" fracture.....Fracture of the fibula by divulsion.
" disease.....Vertebral osteitis.
Raynaud's disease.....Symmetrical asphyxia of the extremities.
Reclus' " .....Cystic disease of the breast.
Richter's hernia.....Parietal enterocele.
Rivolta's disease .....Actinomycosis.
Romberg's sign.....Unsteadiness of ataxics in darkness.
" trophoneurosis.....Facial hemiatrophy.
Rosenbach's sign.....Abolition of abdominal reflex.
Salaam. tic de.....Convulsive salutation.
Scemisch's ulcer.....Infectious corneal ulcer.
Storck's blenorrhœa.....Blenorrhœa of the upper air passages.
Stokes' law.....Paralysis of muscles subjacent to inflamed serous or mucous membranes.
Sydenham's chorea.....Common chorea.
Thomsen's disease.....Muscular spasm at the beginning of voluntary movements.
Tornwald's " .....Inflammation of Luschka's pharyngeal gland.
Velpeau's hernia.....Crural hernia in front of the vessels.
Volkmann's deformity.....Congenital tibio-tarsal luxation.
Wardrop's disease.....Malignant onyx.
Weil's " .....Abortive typhus with jaundice.
Wells' facies.....Ovarian facies.
Werlhoff's disease.....Purpura hemorrhagica.
Westphal's sign.....Abolition of patellar reflex.
Willan's lupus.....Lupus tubercular in form.
Winckel's disease.....Pernicious cyanosis of newborn infants.

REMEDY FOR CORPULENCE OF THE BREASTS.

After pointing out the inconvenience attending the use of iodide of potash to reduce excessive corpulence, M. Kisch recommends the following treatment. At first the breasts are anointed with a pomade of iodoform, according to the following formula:

Pure deodorized iodoform.. 1 part.
Pure vaseline.....15 parts.
Essence of peppermint...11 drops.

The breasts are then enveloped in warm cloths dipped in the following solution:

Alum..... 1 part.
Acetate of lead..... 5 parts.
Distilled water.....100 parts.

Over the cloths an impermeable paper is placed; the whole left for twelve hours. The inunctions and dressings are repeated morning and evening. Treatment should be continued for many weeks. At the same time the patient

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is recommended to rub the breasts with aromatic spirits to harden the skin. She should also wear a bandage to support the breasts.—*Gazette de Gyn.*

LEPROSY.

Dr. Dreckmann, Vienenburg, reports the cure of a case of leprosy. A native of Brazil, since four years a leper, age 42 years, has four healthy children and a wife eighteen years a leper. This was a typical picture of lepra tuberosa as well as lepra anæsthetica, the former at its favorite localities, the latter principally at the hands and feet.

After seven months of the strictest and most energetic treatment the patient was sent home cured. The fundamental principle of the treatment was as follows: The application of the strongest possible preparations of the so-called "reducents," especially pyrogallol, chrysarobin, ichthyol, internal ichthyol, up to three grammes daily; creasote and other at present usual remedies. Painting twice daily of the whole body with a 10-25 per cent. salve of chrysarobin, with the exception of the hands, feet and face, where a 10-15 per cent. salve of pyrogallol was used. This general treatment was conscientiously practised daily for seven months.

Isolated tubercles suitably located were excised. Application of plasters of the above named medicaments, especially on the face, of the salicylo-creasote plaster.

Nasal and pharyngeal affections were removed by means of the thermocautery. The patient, who at the beginning of the treatment was compelled to crawl upstairs on his hands and feet, who was not able to hold in his hands a beer-glass or a spoon, whose hands, arms, calves, feet, but especially the insteps, were almost totally anæsthetic and analgesic, went, after a four weeks' treatment, without difficulty and almost without exertion up and down stairs; wrote, after six weeks, long letters to his family; distinguished, after five months, with positive certainty whether the point or the head of the needle touched the skin at any part of his body; and climbed, a short time before his departure, on a rope-ladder up the shaft of a mine three hundred feet deep.

The doctor is fully convinced of the radical cure of the leper. The merit of having discovered and first applied this method of treatment belongs to P. H. Unna. Nor does he doubt that through a treatment based upon this principle leprosy may be made to cease being a scourge of mankind, and hopes that the governments may concern themselves about this matter.

—*Internat. Klin. Rund.*

HOSPITAL NOTES.

GERMAN HOSPITAL.

HYDROTHORAX.

Dr. Wolff presented a patient suffering from hydrothorax in consequence of dilatation of the heart and mitral regurgitation. The fluid extended up to the clavicle on the left side, and respiration was very labored. Paracentesis was performed about a week ago, and internally as a heart tonic he was given caffeine, gr. iij, sodii benz. gr. iij; and simple syrup, ℥j, four times a day. To promote absorption of the effusion, he was given salines in the morning, twice a week, and very dry diet was enjoined. The effusion still extends to the fourth intercostal space, and Dr. Wolff ordered salines every other morning, and as a counter-irritant, olei tiglii, ℥j, ether. sulph. ℥ij, tr. iodi ℥v, to paint on the chest; tr. digitalis, gtt. x, three times a day, in conjunction with the other heart stimulants, to hasten absorption and strengthen the circulation.

ATYPICAL TYPHOID.

The second case Dr. Wolff presented was a German, who landed about two weeks ago from Antwerp, and was admitted to the hospital soon after landing. Patient had a temperature of 104° in the afternoon and 103° in the morning. On examination, Dr. Wolff found two vesicles on the abdomen, several in the occipital region, and one on the left cheek, near the region of the parotid gland, which tended to suppuration. Patient was given twelve grains of quinine every day, without reducing the fever. On examining the blood,

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granular degeneration of the red corpuscles was found, and the diagnosis of typhoid fever was made; though the characteristic eruption was absent.

For the vesicles he used a five per cent. solution of carbolic acid, painted the parts after opening them; and healing followed very readily.

AMPUTATION OF THE LEG.

DEAVER performed the above operation on the 10th inst. The previous facts of the case were duly reported in the last issue of the TIMES.

The resection had proved unsuccessful as Gross feared, the foot having lost its vitality. The amputation was done by a modification of the "bloodless" method—a pad was placed in the popliteal space and an Esmarch tourniquet applied so as to compress the popliteal artery. The rubber bandage was not used. Deaver considered that in cases of this kind it was better not to amputate too close to the ankle joint, as an artificial limb could not be so useful as when applied higher up. For this reason, the junction of the middle with the lower third of the tibia was selected as the site of operation. Anterior and posterior flaps of skin and superficial fascia were cut. The importance of including the fascia in the flaps was pointed out as it contains the nutrient vessels which supply the skin. A circular cut of the muscles was made, and the bones sawn through. It was found necessary to remove a considerable portion of the fibula—inflammation having traveled up its medullary canal. The operation was remarkable for the strictures with which the antiseptic method was carried out.

JEFFERSON HOSPITAL.

PERITYPHLITIS.

(DA COSTA.)—Gentlemen: The first patient I shall bring before you to-day is a boy aged 17 years. You notice his general appearance indicates good health, and he tells us that he was never sick until April last, when he had an attack of typhoid fever of the usual type, and without any abnormal symptoms. On examining his abdomen we find distinct evidence of a tumor, which occupies the right of the umbilical region, where we obtain dulness, with tympany to the left. This is undoubtedly an obscure case, and we shall arrive at a diagnosis by a process of exclusion. We ask ourselves what could possibly give rise to a tumor such as we have here? Rigid recti-muscles, cancer of the mesentery, phantom tumor, disease of the mesenteric glands, the result of the typhoid fever, and perityphlitis, are amongst the affections which naturally suggest themselves to us.

I think we may dismiss phantom tumor and rigidity of the recti-muscles, and pass on to the consideration of cancer of the mesentery as being the cause. Well, the age of the patient, his healthy appearance, the absence of pain and of constitutional symptoms, and the fact that he is putting on flesh instead of losing it, are sufficient grounds for our excluding cancer of the mesentery. Let us then decide between disease of the mesenteric glands, the result of the typhoid, and perityphlitis.

If the mesenteric disease was as extensive as the size of the tumor would lead us to believe, there would be a corresponding impairment of the general health—in other words, we should have the condition known as marasmus present. But as is obvious, the patient's health is little, if at all, affected, so that the disease we have to deal with is perityphlitis, or chronic inflammation of the connective tissues surrounding the cæcum, the result of typhoid fever. I regard the prognosis as extremely favorable, and think that absorption will take place.

The treatment will therefore be directed to promote absorption, and with that object we shall order hot poultices to be applied over the tumor, and the following ointment to be rubbed in at frequent intervals:

℞ Iodi ..... gr. xx.
Ung. belladonnæ ..... ʒiv.
Lanolini ..... ʒiv.
Fiat ung.

At the same time we shall give him 10-grain doses of iodide of potassium, with 3 drops of deodorized tincture of opium, every four hours; and for the relief of his pain at night, I think the following mixture will be found useful:

℞ Sp. chloroformi,
Tinct. cardamomi co. ..... āā ʒi
Morphinæ sulphatis ..... gr. j
M. et sig.—A teaspoonful at bedtime, to be repeated in an hour if necessary.

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RHEUMATOID ARTHRITIS.

The next case I will show you is one which presents many points of interest. This man tells us that he is 36 years of age, a farmer by occupation, and that his family history is good. He has suffered for ten years from joint disease, which commenced in his left elbow, complete ankylosis resulting. He is positive that beyond severe pain there was no fever or constitutional disturbance. Seven years ago he was obliged to work with the left arm which in time also became stiff. You observe, gentlemen, that the fingers of both hands have likewise become enlarged and ankylosed, and a distinct grating sensation is felt in movement. There seems to be more thickening in the structures round the joint rather than that of the bones themselves. With regard to the lower limbs they do not seem to be much affected, but the patient says that he suffers from occasional attacks of severe pain in the knees, ankles and toes. We find on examining his heart that it is beating with rapidity, (a sign I do not attach any importance to, when we remember the excitement a patient shows on being examined before the clinic) but there is no murmur. The pulse is of good volume, his tongue is clean, his appetite is good and his bowels are regular. The urine has not been yet examined. We therefore look on this case as one of rheumatoid arthritis, probably caused by cold and damp; but we never can be certain of the cause of this affection.

Gentlemen, the treatment is partly medical and partly surgical. We shall put him under ether and break up those adhesions, following up our local measures with passive motion and massage. It is right we should avail ourselves of some recent observations on the local uses of sulphur in promoting perspiration, so that we shall wrap the affected joints in sulphur covered with cotton wool and oiled silk.

In the internal treatment of rheumatoid arthritis, experience shows us that the salicylates are of no value whatever. The iodides, guaiacum, arsenic, iron and cod-liver oil give the best results. Accepting the theory that the joint affections in this disease are of nervous origin, I shall prescribe arsenic, commencing with 3-drop doses of Fowler's solution after each meal and pushing it to tolerance.

COLLES' FRACTURE.—FORBES showed two cases of Colles' fracture of recent origin, the one occurring in an elderly female, the other in a boy aged 10 years. Attention was called to the characteristic deformity in both cases, and the splints of Bond and Gordon used in the treatment of this injury were explained to the class. Forbes advocated the use of ordinary short anterior and posterior straight splints, carefully padded so as to prevent the overriding of the fragments, He considered that a certain amount of permanent deformity was always to be expected, no matter what care was observed.

SYNOVITIS OR RHEUMATISM?—When a patient comes to you with painful swelling of one of his joints, and has only slight constitutional symptoms, on the doctrine of chances, the probability is you are dealing with synovitis and not with rheumatism.—*Da Costa.*

SCRIVENER'S PALSY.—Da Costa thinks this affection is of muscular origin, and that there is no central nerve lesion. With regard to treatment, he says absolute rest is most essential. Benefit also results from the use of the galvanic current of medium strength, combined with the alternate use of heat and cold, than which there is no more powerful modifier of muscular nutrition. Strychnine, in doses of $\frac{1}{60}$ grain, three times a day, has been found of much value.

IRRITABLE HEART.—"The most prominent symptoms of this condition are 1st. Extreme frequency of heart's action in the erect position, followed by marked slowing when the patient lies down, the difference as is well seen in this case being from 132 to 84 beats. 2d. Short sharp first sound with accentuated second sound. Treatment, absolute rest, ice bags over heart at short intervals. A belladonna plaster is useful, and $\frac{1}{10}$ grain of chloride of barium three times a day. This drug has the same action on the heart as digitalis or strophanthus, but is more tonic."

—*Da Costa.*

SUBJECTIVE VERTIGO DUE TO URÆMIA.—Da Costa exhibited a middle-aged man, who gave a history of subjective

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vertigo—*i. e.*, a feeling of dizziness with tendency to fall, felt by the patient alone, but not observed by those around him. Examination of urine showed abundance of albumen. There were no signs of intra-cranial pressure or of albuminuric retinitis. The patient complained of constant headache and constipation. Da Costa considered this state of things indicated degeneration of the cerebral arteries, and prescribed twenty drops of acidi muriatici dil., three times a day, with the following pill as a laxative:

℞ Ext. colocynth co.....gr. 1
Ext. taraxaci.....gr. ½
Pulv. rhei.....gr. 1
Ext. belladonnæ.....gr. 1/16
To be taken at bed time.

MEDICO-CHIRURGICAL COLLEGE.

INSECT BITES.—Many different preparations are advocated for insect bites; creosote and pennyroyal perhaps having the preference. But Shoemaker says that, compared with B naphthol, all other drugs known are worthless for this purpose. From ʒss-ʒ to ʒ of lanoline or other base will make a preparation of great value in lessening the irritation of insect bites.

ANIMAL FATS AS BASES.—Shoemaker insists on using animal fats as bases for ointments. He has made long and careful experiments on the value of mineral and vegetable bases compared with that of the animal fats, and has invariably found the latter far superior as a means of conveying a medicament into the skin or glands. He says that animal fats have an affinity for animal tissues not possessed by any mineral or vegetable oil or fat, no matter how elegant it may appear.

BROMIDROSIS.—For this most annoying affection a good dusting powder is one composed of oleate of zinc, containing from fifteen to thirty grains of naphthol to the ounce.—*Shoemaker.*

WHEN GIVING IRON.—When giving iron, Waugh likes to prescribe along with it small doses of sulphate of magnesia every few days, in order to keep the iron from collecting in the bowels.

PUERPERAL FEVER. — Montgomery says that he does not remember a single case of puerperal fever in Blockley, that was not preceded by a laceration of either the perineum or the vagina.

POTAS. CHLORATE IN EPITHELIOMA.—With powdered potassium chlorate Keyser has succeeded in curing, or at least apparently curing, every case of epithelioma of the face he has undertaken in the last three years. Pack the powder over the neoplasm morning and evening till it disappears.

CHLORIDE OF ZINC FOR EPITHELIOMA.—Pancoast showed a case of epithelioma of the outer angle of the left orbit healed and apparently cured by the use of chloride of zinc. He says he has cured many cases of epithelioma by its use.

EPITHELIOMA OF THE PENIS. — On November 14, Pancoast amputated about one-half the penis of a man of seventy for an epithelioma, too far advanced to be treated in any other way.

INSOMNIA.—A combination of chloral hydrate and potassium bromide in camphor water is an excellent remedy for general insomnia.—*Woodbury.*

CHLORAL IN SEA-SICKNESS.—It is advised by some to take gr. v doses t. d. of chloral for sea-sickness, but Woodbury thinks that much the best way to use chloral for this affection is to take just before embarking a dose of from 30 to 60 grs. The patient then goes to sleep for about twelve hours, and by that time has probably become accustomed to the motion of the vessel. If not, let him repeat the dose.

SYPHILIS IN WASHERWOMEN.—It is not uncommon for washerwomen to contract syphilis from infected clothing, through a cut or abrasion about the finger or the hand. McConnell has seen more than a dozen cases of syphilis contracted in this way.

CORNEAL ULCER.—In a case of corneal ulcer, that obstinately resisted treatment for a long time, Keyser succeeded in effecting a cure by the use of iodoform ointment.

THIRST AFTER LAPAROTOMY.—After a laparotomy there is generally a burning thirst, and it is usual to recommend the giving of small pieces of ice to the patient; but Montgomery says that as anything in the stomach is irritating at such a time, a far more satisfactory way, both to patient and surgeon, is to inject gently up the rectum from a pint

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to a pint and a half of warm water. Persistent pain after a laparotomy is best met with salines; opium reduces the vital forces too much.

CHRONIC CONSTIPATION.—"Chronic constipation," says Waugh, "is like the poor: it is always with us." It is the cause, direct or indirect, of a multitude of ills, and is in other diseases, especially with women, a common and obstinate complication. Waugh, however, does not believe that so many of these cases are irremediable as is generally taught; on the contrary he holds that nearly every case can be cured, provided it does not depend on some incurable structural or mechanical lesion. His plan of treatment is this: The patient is in the first place to go to stool with the regularity of clock-work at a certain hour each day; and whether or not there be a wish or an ability to defecate, she is to stay at stool a good fifteen minutes. This may be called the moral education of the bowel; now for the physical:

℞ Ext. aloes purificati.....gr. x
Ext. nucis vomicæ.....gr. x
Ext. belladonnæ.....gr. iv
Oleoresinæ capsici.....gr. ij
M. Ft. pilulæ in no. xx.
Sig.—One pill three times daily.

The proportion may be altered to suit different cases. These are given three times a day, because he believes that in this trouble small doses, frequently repeated, are of far more efficacy than larger doses at longer intervals. These pills are thus continued till the patient has two passages a day. The pills are then halved until two passages are produced by that. In regular order a quarter, eighth, a sixteenth and so on, are given in the same way, until at last the patient can have one regular movement of the bowels a day without the assistance of drugs.

PENNSYLVANIA HOSPITAL.

SECONDARY DEPOSIT OF CANCER IN THE LIVER AFTER REMOVAL OF SCIRRHUS OF BREAST.

HUTCHINSON exhibited a middle-aged female, from whom the left breast had been removed seven months previously, for scirrhous tumor. Examination now showed the existence of secondary deposits in the liver, which was enlarged and nodulated. The cancerous cachexia was well marked. An interesting feature of the case was the complete absence of jaundice; but, as Hutchinson observed, this condition is rarely seen in cases of grave disease of the liver. There was no obstruction of the portal system, the abdominal distention being due to tympanites.

ERYTHEMA NODOSUM ACCOMPANYING PHTHISIS.

Hutchinson next showed a well-marked case of phthisis occurring in a girl who had been only a year in the country. There was the usual history of cough, loss of flesh, night-sweats, etc.; and the physical signs of a cavity were present in both apices. A point of interest was the appearance, about a month ago, of erythema nodosum on the anterior aspect of both legs. Hutchinson stated that this complication was frequently seen in phthisical patients who had rheumatic symptoms, as was well seen in the patient before the clinic. Twenty grains of the acetate of potassium had been prescribed with much benefit.

PHILADELPHIA POLYCLINIC.

VARICOSE VEINS.

ROBERTS showed, at a recent clinic, a middle-aged female, who for some years had suffered from varicose veins of the right leg. Twenty-five years previously she had a femoral hernia on the same side, which occurred during parturition, and for which she wore an ill-fitting truss. Roberts thought it probable that the varicose veins were caused by pressure of the hernial tumor and truss on the saphenous vein at the femoral ring.

UNIVERSITY HOSPITAL.

FAITH CURE IN NERVOUS DYSPEPSIA.

A patient—female aged 26—was brought before the clinic. She was remarkably anemic, and the history of the case showed that for months past she had suffered from gradual failure of digestion, accompanied with flatulency which was so severe that it could be heard as she expressed it "in the next room, although the door was closed."

This distressed her so much that she led a solitary existence and did not care to mix with her friends.

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Pepper drew attention to the fact that the failure of digestion was due to failure of nerve power and not to gastric catarrh. The unpleasant borborygmi complained of were caused by spasmodic contractions of the walls of the stomach and intestines, the gases resulting from the fermentation of food being forced about in the alimentary canal. He considered that these spasmodic contractions were of reflex origin and caused by some irritation—very often a fissured anus, or more likely in females' ovarian congestion.

In reviewing the line of treatment proposed to be carried out, Pepper said: "There is a state of fixed attention to the suffering part always present in this class of cases which often continues after the disease is cured. It is the recognition of this condition which forms the basis of what is known as the 'faith cure,' a therapeutical agent which has, gentlemen, claims on our most serious study, and I will go so far as to say that without 'faith cure' you cannot treat cases of nervous dyspepsia with success. I have seen cases which have been for months under the care of intelligent physicians, to be completely cured after two or three interviews with the faith healer, who says 'there is no such thing as disease, therefore you are not sick, you are not suffering, you *must* not suffer.' This is a line of argument which in the hands of skilful physicians is a powerful remedial agent, but when used by unscrupulous persons degenerates into the merest quackery. By its means you obtain the confidence of your patients, you get their attention removed from the affected part and you break up the habit. You cannot overestimate the importance of the emotional elements in these cases; but if you are content with removing this alone, you are merely the most superficial empiric.

Certain rules must be laid down as to diet, which must be of as nutritious and easily digested a character as possible. The food must be given in small quantities, and what is most important, at frequent intervals. The addition of Reed and Carnrick's peptonoids will be found to be of great value, while for medicinal treatment the antispasmodics are used with most gratifying results. I usually prescribe a triple combination of the valerianates in pill."

℞ Zinci valerian.
Quininæ valerian.
Stanni valerian.....ãã gr. j.
Fiat pil. Signa.—One pill to be taken three times a day, after meals.

Opium in Gynæcological Operations.—I used to be a great advocate for giving opium in all my operations. Now I never give it except in cases of dilatation of the cervix. The patient suffers so much after the effects of the ether have passed off, that I always give an opium suppository just before the operation, with instructions to have it repeated two hours later, if necessary. —*Goodell.*

Abscess of Right Ovary. Removal. Recovery.—Goodell exhibited a patient aged 22, unmarried, from whom he had removed the left ovary three weeks previously. The possibility of gonorrhœal infection was excluded, and the disease was supposed to have been a sequela of one of the exanthemata of childhood—measles or scarlatina—which had been latent for years. The most perfect union of the incision had occurred, and there was not a bad symptom at any time after the operation. The right ovary could not be found, except as a small nodule in the broad ligament, bound up in a pyogenic membrane. Goodell considered this case could not have been treated by internal medication, massage or electricity; but said, "it is the burning question of the hour whether these abscesses may not effect self cure by the pûs becoming inspissated."

Does Spaying Unsex a Woman.—Goodell, in a recent clinic, said: "As far as I am aware there is no case on record of the ovaries having been removed before puberty. When they are congenitally absent the woman continues juvenile in her manners and disposition. There is no development of hair on the pubes, the breasts do not enlarge, and the pelvis remains that of a child. After puberty, if the operation has been performed for the relief of ovarian disease, the patient at once improves in health and general appearance. Her sexual appetite, which had been in abeyance owing to the pain at-

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tendant on the act, is greatly increased. The breasts become full and do not wither, as was supposed. After a time the sexual desire declines, and is finally lost, as in the menopause, which I believe to be an analogous condition. It is absurd to think—though the idea is very prevalent among the laity—that a woman whose ovaries have been removed becomes a man in her instincts and inclinations and appearance—that hair grows on her face and that her voice becomes deep; that she loses all affection for her husband and for her children. A medical man was sued a couple of years ago by the husband of a woman from whom he removed the ovaries, on the plea that the operation had alienated her affections from him and from his children; but I believe the case to have had no foundation whatever."

Drainage Tubes in Abdominal Surgery.—"The rule about drainage tubes is that they should be left in the wound as long as there is the slightest trace of blood in the discharge. When it becomes serous they should be removed, as they are liable to cause irritation, and delay convalescence. A point worth remembering is to turn the drainage tube round every day. This prevents adventitious growths from extending through the holes, and thus making the tube difficult of extraction."
—*Goodell.*

Effects of Cold upon the Circulation.—On placing a hot poultice upon the stomach of a cat, we see a dilatation of the vessels in the tracheal mucous membrane. This is much redder than it was. Many vessels are seen where none were visible before. When I replace the hot poultices by iced cloths you notice a sudden blanching of the membrane. In less than half a minute it will be everywhere deadly pale. But the vascular spasm which causes this sudden anemia is not permanent. After one to two minutes it gives place to a gradual vascular dilatation. The normal hue returns first, white above the cartilages, pale rose-red in the intervals; soon the color becomes rose red above the cartilages themselves, then everywhere bluish-red, the color of venous congestion, that shows the blood tarrying in the part until almost all its oxygen has been taken from it by the tissues.

By this experiment, we learn that cold makes powerfully for good in the first stages of acute inflammation, diminishing the congestion, stopping a supply of fuel on the way to the fire. We learn further, that cold, injudiciously used, makes just as strongly for evil; that cold applied too long causes venous stasis, the condition most favorable to the progress of the inflammation, most helpful to those morbid changes in the endothelium that disturb the "vital equilibrium which exists between the intra-vascular blood and the extra-vascular tissue," and which, according to the Listerian school, constitutes the essential lesion of inflammation.

Nowhere has cold been more carelessly employed than in diseases of the upper part of the respiratory tract. Nowhere does congestion play a more important part in the causation of acute inflammation than in the pharynx, larynx and trachea.

The duration of each cold application should be short, and they should be frequently repeated.

W. T. Porter, in *St. Louis Courier of Medicine.*

Antipyrine in Polyuria.—Dr. Herford said he had been affected for some time with diabetes insipidus, and had been unable to find anything which would control the excessive secretion of urine until last August; when, suffering much pain from a carbuncle, he took ten grains of antipyrine for its analgesic effect. It not only quieted the pain, but checked the polyuria. That this was not an accidental arrest of secretion on the part of the kidneys has been conclusively proven by the fact that since the first of August he has taken six grains every four hours, and the polyuria is completely under control. No bad effects have been noted under this continuous administration during two months.
—*Kansas City Medical Index.*

Daniel, of Texas, recommends chrysophanic acid in flexile collodion as very effective in ringworm.

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PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, DECEMBER 1, 1888.

EDITORIAL.

IN our last number we put before our readers the arguments, *pro* and *con*, for the proposed bill establishing a Board of Examiners and Licensers. The subject is the most important one ever brought before the Pennsylvania profession. We hope it will receive due consideration, and that the true sentiment of the profession will be manifested. We shall devote as much space as we can spare to this subject, endeavoring to give men of all shades of opinion an equal opportunity to present their views. For our own part, we are frankly in favor of the bill, believing that its tendency will be to elevate the standard of medicine in our State, and to restore the prestige of the Philadelphia schools, objects which are near to our heart. We can claim over the majority of our readers the advantage of occupying a position which enables us to realize how badly the professional standard needs elevating.

It is true, as Professor Forbes intimated, that fitting a student for passing an examination is not strictly synonymous with fitting him for the practice of medicine; but an examination properly conducted should disclose the *unfitness* of a candidate. If he be grossly ignorant of the essentials of medicine, he is unfit to practice.

Much will undoubtedly depend on the individual examiners; and this is where we believe the bill is at fault. Many excellent practitioners would make poor examiners, being rusty on much that they have not been called upon to put in practice; perhaps not well up in the teachings of the present, and apt to expect from newly-fledged graduates the same standard in practical matters which they themselves have only attained after many years of active professional work. For these reasons we think the proposed Board should contain a member of each Faculty of Medicine in the State. This would furnish a nucleus of experienced examiners, while it prevented all favoritism for any particular school. It would also obviate the objections against the bill which were made by the Juniata Valley Medical Society, which looked upon the act in its present form as casting an undeserved reflection upon the State medical schools. Still, we are not of those who expect the "eleven obstinate men" on the jury to adopt their views; and we would rather have the bill pass in its present form than have none. Give us an impartial Board, free from wire-pullers, who seek to wrest the law to their own interests, and the school which fails to properly educate its students will go to the wall, as it ought.

ANNOTATIONS.

In these days of mind-cure, rest-cure, electricity cure, ovariotomy, and other forms of faith-cure, why does no one start a music-cure? The influence of music on disease is as undoubted as that of opium on pain. In many forms of nervous affections, in mental perturbations, the art which soothes the savage has proved a distinctly curative element in the treatment. In chorea, the influence of gymnastic exercises, aided by music, is of benefit. In the delirium of fever we have known the tender strains of Schubert's serenade, evoked from the piano by the hands of a master, soothe the patient until he dropped into a quiet sleep. The *Lancet* says: "By acting as a refreshing mental stimulant and restorative it braces the depressed nervous tone and indirectly that of the other tissues. Thus

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there is something to be said for the old custom of exorcising pestilences by the sounds of music. Calmed and inspired by harmony, the tonic energies of will and nerve combined to oppose a wholesome bodily tone to the invading scourge, and to prevent that tissue laxity which has often provided the nidus of disease. A similar process is relied on by those who turn to music, among other diversions, for some relief from the pain of atonic neuralgia. In melancholia and allied states of depression its value is generally admitted in our own day."

YELLOW FEVER.

The Medico-Chirurgical Society of Havana has invited the British College of Physicians to send a medical commission to Havana to study the subject of yellow fever. The Society offer to furnish board and lodging and the free use of the Society's laboratory and material. The *Lancet* naturally considers this proposal as not overly generous, and suggests that some remuneration would not be wholly improper. Considering the very great probability that such an unacclimated person would contract the disease, and its deadly character with beef-eating, brandy-drinking Englishmen, the compensation for such service should be large, and should include the promise of a pension to the investigator's family in case of his death.

But we may be permitted to doubt if such a commission is very likely to obtain any results whose utility would be commensurate with the expense and risk. We have seen that in the case of cholera, the English, French and German commissions, working singly, failed to obtain results in any degree approximative to harmony. Freire, Sternberg and Gibier have in turn investigated yellow fever, and each has captured a little beast to which he has affixed a tag bearing his own name; though our countryman has not as yet claimed for his own discovery the malefic glory of causing the disease. If the English send out a commission, there will simply be a fourth side to the controversy. If these savants were to pursue their investigations together, and, if that were possible, harmoniously, we might hope for some results of value. But nowhere do selfishness and intolerance hold such sway as they do with scientists.

TYPHOID FEVER TREATED BY CALOMEL HYPODERMICALLY.

In the *Therapeutic Gazette* appears a paper by Dr. J. C. Wilson, which details five cases of typhoid fever which were treated by hypodermic injections of calomel, one to two grains every four or five days. The author states that on several occasions the injections were followed by distinct and permanent lowering of the temperature range.

In the chart first given, each injection appears to have been followed by a distinct increase of fever on the following day. In the other chart, the course is almost typical of a typhoid during the last week, except in one instance when the temperature rose 1.6° after an injection. One of the cases ran a course of ninety days, with hemorrhages, and a temperature over 104°. Nothing in the history indicates that the medicament had any beneficial influence on the disease; though the author came to a different conclusion.

MERCURY HYPODERMICALLY.

VOLLERT recommends for this purpose the succinamide of mercury. It is prepared from anhydrous succinic acid, treated by dry ammonia and combined with the oxide of mercury. The resulting salt is soluble in water, and comparatively non-irritant. It does not precipitate albumen. Vollert used it in one per cent. solution, or less.

We have used calomel suspended in vaseline oil, with so little irritation that we scarcely think it necessary to procure these new salts, which rarely bear out the recommendations given them.

The Therapeutic Gazette, editorially, says that one-third of the matriculates of the University of Pennsylvania fail to get their degree; and adds its conviction that at least twenty per cent. go through who ought to be rejected. We do not understand that this means that thirty-three per cent. of the candidates are rejected, however, as many matriculates fail to finish their course, or go to other colleges.

CONDURANGO REDIVIVUS.

It is now said that condurango stimulates the development of connective tissue and the disintegration of the

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cellular elements of cancer. If this be true, what becomes of Braithwaite's theory of cancer as due to disproportionate vigor of the connective tissue cells? This would make condurango a homœopathic remedy. Ewald says that this drug benefits all true catarrhal conditions of the stomach, which is probably the extent of its action.

Dr. John B. Hamilton has resigned the Surgeon Generalship of the Marine Hospital service, and has been elected Editor-in-chief of the *Journal of the American Medical Association*. The venerable N. S. Davis retires, full of honors, with the well-merited respect of the whole medical profession. Under the direction of Dr. Hamilton, we may expect to see the journal put on new vigor. The Trustees are to be congratulated at their success in securing an editor whose executive ability has been so well demonstrated.

The Maritime Medical News is the title of a new comer in our field, published in Halifax, Nova Scotia. When we visited that quaint old city last July, there seemed to be quite a feeling in favor of annexation. It may be long, however, before such a change takes place; but when it does, our people will wake up to the fact that Halifax is one of the most charming places on the continent for a summer trip. Meanwhile, we will with pleasure annex the *News* to our exchange list, and wish it all success.

LONDON LETTER.

"FREDERICK, THE NOBLE."

THE publication of Sir Morell Mackenzie's *Frederick, the Noble*, has caused a great and painful impression. It is said that the Empress Dowager Frederick is "greatly pleased with it;" if so, she must be almost alone in experiencing that sensation. The general public condemns the tone of the book in no measured terms; they do not know the provocation the English physician had; but that is largely Sir Morell Mackenzie's own fault, as he threatened legal proceedings against any publisher who issued the German pamphlet in England. A few copies of a very bad English translation, issued from the Imperial press in Berlin, have found their way to this country; but they are not seen on the book-stalls, and comparatively few know the character of the abuse to which such men as Professors Bergmann and Gerhardt descended, to the great grief of the profession of which they had been regarded as ornaments, and to which they ought to have set an example of good manners.

Sir Morell Mackenzie has committed the mistake of not only following their bad example, but has even exceeded them in violence of language and recklessness of statement. It is understood that the book has been commercially a great success for the publishers, over 100,000 copies having been sold. The anticipatory review published on the Friday by the *British Medical Journal*, and reprinted by the daily papers, whetted public curiosity, and the sales on Monday are stated to have been very large.

Within an hour of its being placed on the book-stalls, two well-known vendors in the city each sold 400 copies; the bookbinders could not bind fast enough, and it had a great run in the circulating libraries. I happened to be in the central office of Mudie's circulating library on that morning, a few hours before the book was delivered, and nearly every person who entered seemed to enquire for "Mackenzie's book." Mudie's first order, it is said, was for over one thousand copies.

MR. PROTHERO'S ARTICLE.

The controvery has been continued, or perhaps I ought to say reawakened, by an article in the *Nineteenth Century* for November, entitled "Frederick, the Third, and the New Germany." It is written by Mr. R. E. Prothero, who, from his position about the court of the Crown Prince and Emperor Frederick, has had unusual opportunities of obtaining correct information. The article contains certain statements which bear out in a most remarkable manner Sir Morell Mackenzie's presentment of the case.

"It is legitimate," he writes, "to regret that Sir Morell Mackenzie has descended too far toward the level of his antagonists; it is also fair to remember that he was not the first assailant, and that he was forced to reply in orde$_r$

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to vindicate to the world the unshaken confidence which he enjoys of those who could best measure and appreciate his skill." He pays a fine tribute to the character of Frederick III: "Vigor of mind and firmness of will triumphed to the last over bodily decay."

Mr. Prothero repeats categorically the statement that the real nature of the operation proposed by Professors Gerhardt and Bergmann in May, 1887, was concealed from the Crown Prince; he gives an account of the alleged creation of a false passage by Prof. Bergmann on April 12th. The incident was thus described to him by "an eye-witness, who was not one of the principals in the struggle." Sir Morell Mackenzie, having decided that the cannula ought to be changed, sent for Von Bergmann as a matter of courtesy.

"The Professor arrived in a state of great excitement. Striding across the room, and ignoring the English doctors, who wished to explain the object for which his presence was required, he made his way to the table on which the tubes were placed. Among them was a German tube, modified, indeed, after the experience of February; but still with sharp edges, and the shape of a cheese-scoop. Seizing this instrument, and placing his two thumbs on the shield, he endeavored to force it away from his body into the patient's wind-pipe. Unable to find the well-worn passage with the instrument, he thrust his finger into the orifice and tried again. The blood spurted out; the Emperor was choking. * * * *

"The strength which the Professor employed forced the tube, not into the wind-pipe, but into the tissues of the neck in front. At length, sinking back into a squatting posture upon his heels, he asked that Bramann should be summoned. The assistant came, and, while the Professor held open the sides of the incision, slipped the cannula into its place. Upon these surgical laurels Von Bergmann practically retired; but his excited violence left a deep impression on the Emperor's mind. * * *"

Two facts, not without their significance, have recently been reported: one is that Professors Virchow and Waldeyer have applied for leave to amend their report of the necropsy, and have been refused; the other is that the first thing which the present Emperor did on getting home from his tour (Mackenzie's book having been published during his absence) was to ask Professors Gerhardt and Von Bergmann to dinner.

THE COMMENCEMENT OF THE WINTER SEASON.

The entries at the metropolitan medical schools do not show any "improvement" in numbers. The average for the last five years has been 641; this year there are 668; so that "the entry" is above the average. But the quinquenniad includes some very lean years, the average of the preceding period of five years having been 676. The failure of the metropolitan schools to grow in numbers is attributed to the difficulty which undoubtedly exists in obtaining the degree of M.D. in London. The main cause, however, was the neglect of the school committees to make proper provision for instruction in chemistry, physics and physiology. It is a curious, but, to those who are acquainted with the ups and downs of the schools of medicine in London, a well-established fact, that, if by any chance the "practical men" who say that students don't want science, become dominant on the managing committee of a school, that school begins to decline in the number of students and in influence. Some of the school committees have recognized this, and have expended money and energy in developing science teaching. They have had, and are having their reward; but a golden opportunity has been let slip, and the medical school of the University of Cambridge has now outstripped all rivals. This is very fortunate for the medical profession and its future in the social life of the country.

ANTIFEBRIN.

Dr. Theodore Cash, F.R.S., the Professor of Therapeutics in the University of Aberdeen, speaks very warmly of antifebrin. He declares it to be "an antipyretic of the first order," and to be preferred to antipyrin, as an antipyretic, on the following grounds: (1) the smaller dose in which it is operative; (2) the steadier and more continued action; (3) its comparative freedom from

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the danger of causing collapse; (4) it is much cheaper, as it is purchasable in the open market, whilst antipyrin is not so. The chief drawback, its comparative insolubility in water, "is readily overcome by prescribing it together with some pleasant tincture, as tinct. aurantii." He advocates the use of small doses, the effect produced on a pyrexial temperature being eight times as great as that produced on the normal temperature. As an antipyretic, it is four times as strong as antipyrine, the effect lasts longer, though nearly as rapidly produced, and collapse is almost unknown. It acts well in measles, and is especially useful in treating intercurrent pneumonia; it cuts down the evening exacerbations of typhoid fever, and has a favorable influence on the course of the case. It is particularly suitable for administration to children. In doses of gr. j to ij, three or four times a day, it is extremely useful in the pyrexia of phthisis, and may be taken by the most weak and emaciated patients with advantage. The only other important action of antifebrin seems to be on the cord. Reflex irritability is greatly reduced, and ultimately anæsthesia is produced; the irritability of the motor nerves and of the muscles themselves is also greatly diminished by large doses. One drawback to its use is that it diminishes the amount of oxy-hæmoglobin in the blood, and in time produces anemia; which, however, is said to be very amenable to treatment.

PROPHYLACTIC MEDICATION.

I gave some account of Professor Cash's experiments with regard to prophylactic medication at the time they were published. He returned to the subject in his address to the Section of Therapeutics, and expressed the opinion that corrosive sublimate still appeared to be the most hopeful drug for the purpose, the phenol compounds being probably too rapidly eliminated.

MR. LAWSON TAIT ON TUBAL PREGNANCY.

Mr. Lawson Tait is instant in recommending immediate laparotomy for ruptured tubal pregnancy. Speaking at the Gynæcological Society, the other day, he said that a diagnosis could be made in eight cases out of ten, and that in the other two cases also it was best to operate.

ONE THOUSAND ABDOMINAL SECTIONS.

Mr. Tait has communicated to the Birmingham and Midland Counties Branch of the British Medical Association the results of his second series of one thousand consecutive cases of abdominal section. In his first thousand the mortality was 9.2 per cent.; in his second thousand 5.3. In the first series the mortality of the ovarian and parovarian (cystic) cases was 8.1; in the second series 3.3. In his first series the operation was not completed in thirty cases, and fifteen patients died; in his second series the operation was not completed in six cases, and three patients died. Mr. Tait is a severe critic of other surgeons; he is as severe on himself. There are, he says, no cystic tumors of the abdomen which cannot be removed, and no solid, non-malignant tumors associated with any other abdominal organs than the liver and spleen which cannot likewise be removed. Applying this rule to himself, he says that if he could have screwed up his courage a little more he could have finished the operation in two, if not in all three of the cases which died. As Mr. Tait is so strong an advocate of exploratory operations it is important to note his mortality after these operations is not high—56 cases with 2 deaths; both deaths, he says, might fairly be eliminated, as the operation "neither delayed death nor accelerated it by a single hour." One of the fatal cases is apparently a case of ruptured tubal pregnancy, where the patient had been ineffectually treated for three months by a physician who had failed to make any diagnosis. Mr. Tait was very severe on this physician.

DR. LAWSON TAIT ON ELECTROLYSIS.

He was also severe on Dr. Apostoli. Altogether Dr. Tait seems to have had to do with 22 patients who were subjected at one time or another to the electrolytic treatment; 16 who came to him either for the first or second time after the electrolysis, were submitted to operation, and all recovered. Three others are considering the advisability of submitting to operation (hysterotomy, or removal of appendages), and three are dead. The only case in which

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he has known Dr. Apostoli's treatment to do any good was an instance of subinvolution with chronic metritis, retroversion and catarrh of the endometrium. His treatment in Paris occupied five months, and cost a great deal of money; whereas Mr. Tait says that such cases are invariably cured by the simple process of dilating and curetting the uterine cavity, and applying Paquelin's cautery freely to the inside —an operation devoid of risk, almost painless and completed at a single sitting.

REMOVAL OF APPENDAGES.

In the second series of one thousand cases Mr. Tait records 263 operations for chronic inflammatory disease of the uterine appendages with a mortality of 3.4 per cent.; in his first series there were 201 cases with a mortality of 5 per cent.; this operation was completed in the second thousand in every case in which it was attempted. Mr. Tait referred to the discovery by Dr. Arthur Johnstone of Danville, Kentucky, whom he claims as a pupil, of a large nerve trunk which enters the cornua of the uterus in the angle between the round ligment and the tube; when this nerve is secured in the ligature close to the uterus, the results of the operation on menstruation are more speedily effected and more complete. In speaking of this operation also Mr. Tait again insists on the dangers of delay, the deaths he says have been almost confined to cases of broken down women, yet the mortality it may be observed is lower than in his whole series of cases, a fact which appears to require some explanation.

LAPAROTOMY IN SUPPURATIVE PERITONITIS.

Mr. Tait spoke of the treatment of suppurative peritonitis by abdominal section, washing out and drainage in terms of "unqualified satisfaction." He reports in this series 26 cases with 22 recoveries, againt 9 cases with 7 recoveries in the first series; the mortality therefore had improved from 22.2 to 15.3 per cent. Here again he spoke strongly as to the advisability of early operation.

HYSTERECTOMY FOR PUERPERAL FEVER.

He has performed laparatomy for puerperal peritonitis four times with only one recovery, but thinks he might have three successes if he had had the cases earlier. He believes that in severe cases of puerperal inflammatory mischief the chief trouble is in the womb itself, and makes the startling suggestion that the best treatment will turn out to be the removal of the organ in its inflamed condition.

AMPUTATION OF THE PREGNANT UTERUS.

We are not to speak any more of Porro's operation, but of "amputation of the pregnant uterus." Dr. Tait gives craniotomy two years more before it is supplanted by this, the easiest operation in abdominal surgery, and one which every country practitioner ought to be able and ready to perform. Dr. Tait has done it three times with three recoveries. This is how it is done: Make an incision through the middle line large enough to admit the hand; pass a piece of rubber drainage-tube (without any holes in it) as a loop over the fundus uteri, and bring it down so as to encircle the cervix, taking care that it does not include a loop of intestine. Make a single hitch and draw it tight round the cervix so as to completely stop the circulation. The ends of the tube are kept well on the strain by an assistant so as to prevent the loose knot from slipping, the reason of this being that, should there be any bleeding and necessity for further constriction, this can be secured in a moment without undoing any knot, and the simplicity of this method greatly commends it. Then make a small opening in the uterus, and enlarge it by tearing with the two forefingers, seize the child by a foot and remove it. Remove the placenta, and by this time the uterus has completely contracted, and is easily drawn through the wound in the abdominal wall. The constricting tube will now probably require to be tightened, and the second hitch of the knot may be put on at the same time, and the work is practically done. Stuff a few sponges into the wound to keep the cavity clear of blood, and pass the knitting needles through the flattened tube and through the cervix, and in this simple way a clamp of the most efficient kind is at once made; the uterus is removed about

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three-quarters of an inch above the rubber tube. The usual stitches are put in, the wound closed round the stump, which, of course, is brought to the lower part of the opening, and then the stump is dressed with perchloride of iron in the usual way.

TREATMENT OF CANCRUM ORIS.

Dr. Suckling, of Birmingham, has recently reported a case of what he considered to be cancrum oris supervening on typhoid fever with purpura. The cheek was perforated so that the disease had reached a stage from which recovery is very rare; nitric acid was freely applied after the surface had been thoroughly swabbed with cocaine, a highly stimulant line of internal treatment was adopted and the patient, a girl, made a good recovery.

DR. LAUDER BRUNTON.

The mention of cocaine reminds me that, in a letter published in the TIMES I am made to state that Dr. Lauder-Brunton recommends the alkaloid in certain painful abdominal affections; the drug he uses is codeine. The acceptance of the Croonian Lectureship by this distinguished physician is a matter for congratulation. He is one of the most suggestive writers on what may perhaps be called the higher therapeutics, and the topic which he has chosen, "The connection between chemical constitution and physiological action in relation to the prevention, control, and cure of diseases," will give full, firm scope.

LARYNGEAL INTUBATION.

There seems to be at length some probability that the excellent work done in America with regard to intubation of the larynx in diphtheria may attract a due amount of attention in this country. The demonstration given by Dr. Waxham at the Glasgow meeting, and the publication of his paper, has aroused more interest than all that has been written and done before. Dr. Ridge, best known as an advocate of teetotalism, has suggested laryngeal intubation by a flexible tube introduced through the nose, and has reported one case where the dyspnœa was at once relieved by this method, though the patient ultimately succumbed.

"SWEATING."

The prolonged mild weather has had a very favorable effect on the bills of mortality. As the price of coal has risen already nearly twenty per cent., owing to the colliers' strike, a long spell of cold weather would bear very hardly on the poorer classes, who suffer from the competition of foreign labor in the trades which are liable to be "sweated." The fluctuations in the death-rate of London are mainly traceable to the varying rate of mortality among the children of the lower and of the unskilled "laborers," men, that is, who have no trade, a class which has been largely reinforced by the migration of agricultural laborers to towns, which, again, is traceable to the fall in the price of wheat. The death-rate in the well-to-do urban and suburban districts, where congregate the artisans who are (as is, of course, well known) better off than in any other country, except, possibly, some of the Australian colonies, is little affected by departures from the meteorological average.

The *Lancet* has recently exposed some very glaring sweating which has been allowed to grow up in Glasgow, and the citizens have been so shocked by the disclosures that a very strong movement is now on foot, at the head of which Dr. Cameron, M. P. for one of the divisions of Glasgow, has placed himself.

THE SACRIFICE OF EDUCATION TO EXAMINATION.

The *Nineteenth Century* for November contains a curious "signed protest" against "The Sacrifice of Education to Examinations." The dignitaries, who include some of the leading men in education, medicine, law, the church, and science, condemn the present system of competitive examination for appointments in the civil service, the army, and for prizes at the University. It is described as being physically, intellectually and morally bad (note the order). The difficulty is to find a substitute. Nobody is prepared to revert to the system of patronage pithily described by the famous exclamation of an American President—"To the victors the spoils."

DAWSON WILLIAMS.

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SOCIETY NOTES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD NOVEMBER 7, 1888.

The special feature of the evening was the appearance of the gynecologically disposed members. Their coming was like a cool, bracing breeze from the north. Instead of the languid dulness usually manifested at these meetings, we had the spectacle of people who dared to differ with each other; who had sufficiently decided convictions to tell each other they were talking rubbish.

We were unfortunate in not reaching the hall in time to hear Dr. Meigs' paper on peritonitis.

Dr. J. H. Musser believed that idiopathic peritonitis is infrequent; most cases being secondary.

The treatment depends upon the cause, and is not always surgical. Appendicitis often subsides under medical treatment. The bowels should be opened early by the use of calomel or vegetable cathartics. If vomiting occurs early, calomel should be given in small doses every half hour. The first movement indicates the patient's safety. He uses opiates in small doses, say $\frac{1}{16}$ grain of morphine, with atropine, hypodermically. The only reason for using opium is to relieve pain. He also advises local measures, and stimulates early to prevent collapse. Death is often due to the failure to recognize the disease early.

Dr. H. A. Kelly thought due care was not taken to separate the cases into groups, which require different management. Hemorrhagic peritonitis should not be treated by purgatives. In septic cases the cause determines the treatment. In systemic disease the question is most serious. For such varying conditions no absolute rule can be formulated. Non-septic peritonitis gives more trouble to women than all other affections combined; the cause is invariably local. Nature's methods of cure should be followed. Tympanites is one of these; the intra-abdominal pressure limiting the space for the accumulation of fluid, and allowing time for adhesions. Hence, we should not interfere by giving purgatives, but give the bowels a rest; sometimes a laxative may be required after an operation, but this never cures a peritonitis once established. An enema of water suffices. The affection relieved by salines is not, in his view, a peritonitis, and is largely of our own making, being due to too much handling and washing of the peritoneum.

Dr. M. Price does not believe in the existence of idiopathic peritonitis. He thinks Dr. Kelly's numerous varieties resolve themselves into one, namely, inflammation from local irritants. Among these he gives a prominent place to too powerful antiseptics. He uses opium only in cases where all hope is lost, and the object is to render death easy and speedy. The so-called putting bowels in splints generally means putting the patient into a box. Thirty years ago George B. Wood advised the use of purgatives. Tait has reintroduced this treatment. Pus in the peritoneal cavity is an indication for surgery rather than for salts. Tympanites does not relieve; it kills. It may kill without causing inflammation. If there are indications of coming peritonitis, we open the abdomen and *drown* the suppositious bacilli in hot water, at the same time giving an enema of salts (six to eight ounces) and turpentine. With this treatment he has never lost a curable case.

Dr. J. B. Roberts objects to opium in operations in general; he believes it is given too often. He was doubtful as to the proper treatment to be followed.

Dr. J. Price said that distension is often fatal. He is glad to hear that it impedes the locomotion of germs: he has learned something to-night. He thinks opium is required, with douching and draining, in septic cases.

Dr. Hoffman does not look on opium as a bugaboo; it is sometimes useful. He believes intra-abdominal fluids leave behind inflammations for future operations.

Dr. Musser refers recurring peritonitis to the surgeon.

Dr. Tyson looks on the saline treatment as rational. Idiopathic cases are exceedingly rare. Pathologically, peritonitis cannot be compared to external inflammation.

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Dr. Stewart mentioned a case in which recovery ensued under the opium treatment.

Dr. Baldy could not conceive of a peritonitis with a bland effusion. Small doses of opium will not relieve pain. Salines give relief, the pain subsiding when the bowels move. He never saw an idiopathic case. Opium and salines cannot be combined in the same case. Salines should be given in concentrated solution to deplete the mucous membrane. Opium masks the symptoms and is only useful in producing euthanasia.

Several other speakers claimed that idiopathic peritonitis really occurs, one having himself recovered from it.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

INSANE ASYLUMS.

Editor MEDICAL TIMES:

In the letter of Dr. Hiram Corson, in the number of your journal for November 1, 1888, there are so many insinuations of violations of law and intimations of wrong-doing, that I feel it my duty to depart from my usual practice of not noticing such statements and give a few plain facts. The superintendents of the hospitals at Harrisburg and Danville can answer for themselves.

The first statement is this: "Were there never any deaths in these hospitals under circumstances which in private life would have called for the coroner? Certainly! certainly! Was there ever a coroner's inquest held in the Harrisburg Hospital during its nearly forty years of existence? Eight years ago I was informed by the superintendent (in answer to my inquiry) that there never had been a single one."

Having been the superintendent of that hospital for thirty years (1851–1881), I state positively that it was always the practice to call in the coroner in cases of sudden deaths, until one of the trustees, a lawyer, told me that the Supreme Court had decided that where the cause of death was known, it was not necessary to call in the coroner. Even after that, in a number of cases where any ground of suspicion might arise, the coroner was sent for.

Then, as to the statement in regard to maltreatment of the patients, the insinuation is more than misleading, as it states that wrong-doing was concealed, when really all cases are carefully investigated, and any violations of the rules punished by the discharge of the offender, and reported to the Committee. Another positive misstatement is this: "There is no secresy like that existing in the other hospitals, where superintendents have it all their own way; and where even the trustees are neither consulted as to what should be done, nor informed of what has happened." Every trustee who attends to his duties knows that such a statement is lacking in one very essential element.

It has always been the rule of my life, very strictly adhered to, to make a regular visit to the wards every morning and learn the exact condition of all the patients under my care, and, after that was done, attend to any other matters requiring attention, or which were enjoined by the by-laws of the hospital.

Thirty years ago, one of the trustees of the hospital at Harrisburg made this statement to me: "The Governor had been told that everything in the hospital was mismanaged and a variety of charges were made against it. He appointed me trustee to investigate those charges and learn their correctness. I have now been a trustee for some time. I have visited the hospital at frequent intervals, have asked all kinds of questions, have looked into everything where I thought there could be anything wrong, and now I say to you that I have found everything in proper order and no ground for the charges made. From this day I am your friend, and if I see anything wrong,

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I will tell you to your face and not go behind your back to tell what I have heard or seen." He continued a steadfast friend to the day of his death. The by-laws of that hospital require that two of the resident trustees shall visit the hospital regularly every week. For years no visits were made by them between the regular quarterly meetings, and when urging one of them to visit the hospital, he said, 'We know that everything is in good order, and therefore we need not go out."

Another matter on which Dr Corson lays so much stress as to persuade himself and some others that he is correct—namely, that the superintendent attends to all the details of the farm and the purchase of supplies—a more careful attention to his duties, when trustee, would have proved to him that he was entirely wrong in the way he states it and in the fact itself.

To be a trustee in name is one thing; to be a trustee in fact is another thing. Those who are trustees in name are often not reappointed, for the very reason they are not trustees in fact.

The greater part of supplies is procured by contracts which are let by the trustees, and the other details of purchases are made by the steward, and the details of the work on the farm are attended to by the steward and the farmer.

All the duties required of the superintendent in these respects do not occupy, on an average, two hours in the day; and any one who will say that that amount of diversion of mind from the strain of medical work in a large hospital is too much, has yet to learn the first principles of mental hygiene.

The superintendent of a large hospital for the insane, who will conscientiously perform his duties in directing the medical, moral and hygienic treatment of his patients, has no time to give to social duties calling him away from the hospital, and he must have some variation in the work he is called to perform, or he will soon lose the ability to perform those medical duties in such a manner as to give satisfaction to the large class in the community who demand that he shall do all that science and art can suggest for those placed under his charge.

Warren, Pa. JOHN CURWEN.

IS HOMŒOPATHY QUACKERY?

Editor MEDICAL TIMES:

In an editorial in the *Medical and Surgical Reporter* of October 6, the editor refers so solemnly, and with such profound deference, to the recent meeting of the so-called Homœopathic Medical Society, that the lay reader might be led to suppose that the editor was discussing the proceedings of a body of learned and scientific medical men, instead of a gathering of quacks who affect to repudiate science and to despise the methods of the scientific.

The editor well knows that those who call themselves homœopaths simply use that name to impress the public with the belief that they have some useful means or method that is not possessed by the honorable physician. He also knows that this is the method of the quack, and that they use the name homœopath as a trade-mark for trade purposes simply and entirely; that they care as little for the tenets or vagaries of Hahnemann as they do for science or honor. And yet this editor writes of them and their doings as if they were wayward or unruly boys, or perhaps semi-idiots, or as if he desired to be considered this latter himself. The goody-goody is rather piled on when an editor of what is usually esteemed a medical journal in good standing and repute speaks editorially of self-proclaimed quacks as "fellow-practitioners."

The editor of a reputable medical journal who avows fellowship with quacks is making a very long stride in the direction of traitor to the cause he and his journal are expected to represent. He deplores the "acrimony" with which these quacks have been spoken of, and he may think we are speaking with considerable asperity of himself; but those who own fellowship with quacks must expect to be referred to accordingly, and our County Medical Society has somewhat recently afforded example of the "acrimony" of treatment that quacks are often subjected to.

The specimen of quack that our editorial friend refers to as a fellow-practitioner is a quack in every sense that those are who are prosecuted by the

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County Society, and to promulgate fellowship with these is, to put it mildly, grossly disrespectful to the profession proper.

The editor refers to the mental attitude of what are known as "advanced" homœopaths as a gratifying frame of mind simply because they claim to discard the so-called methods of practice, but still retain the name. These, according to our idea, are "advanced" to the practice of fraud in addition to that of pretender.

But when the editor speaks of this gathering of quacks and their proceedings as being so like the meeting of the "regular profession as to be almost undistinguishable," we fear he had not in mind the array of statistics that were produced, and which are generally a conspicuous feature at these assemblages. To produce something stunning we only need quack doctors to be let loose on statistics. They can show by undeniable statistics that five days instead of seven make one week, and they can prove that nine days will do the same. Their hospital statistics show that, of incurables, nine-sevenths are perfectly cured, and the remainder would have been cured if they had come in time. In fact, the statistics alone were sufficient to render the proceedings referred to very readily distinguishable from those of a meeting of any other than quacks. Our editorial friend is no doubt humane and very charitable, and his feelings may be very much exercised by the acrimony that may have occasionally been displayed in speaking of these quacks; but might it not be well to bestow some thought upon their dupes. Does he not realize that those who apply to the "advanced" fellow practitioner for homœopathy may get only what his less "advanced friend calls crude allopathy." We fear our editor has not given the subject sufficient thought, or he would not use the terms "intelligent and conscientious" on the same occasion, scarcely on the same day, that he was speaking of his homœopathic fellow-practitioners, not even of the most "advanced" type. If he really believes, as he says, that many of those who call themselves homœopaths are actuated by the same motives, and governed by the same principles as actuate and govern those from whom they stand apart, we hope he may give us another editorial in elucidation of the novel conception. We think his readers have not yet quite "caught his idea."

S. UPDEGROVE.

Editor MEDICAL TIMES:

I would like diagnosis of and treatment for the following case:

History—Mrs. Sarah A., age 59 years, childless widow, was taken sick September, 1887, with extreme pain in pit of stomach, extending into both hypochondriac regions; at times anterior and posterior pains only; tongue slightly coated; bowels constipated, partly due to opium taken in as large doses as one gives; pain not constant, but occurs in paroxysms, always increased by motion; had one spell of sick stomach and vomiting during the past summer; appetite has been fairly good, but effort to feed herself brings on pain; no history of marked febrile action; after discontinuing the opium, bowels became regular, although they remained distended with gas; desire to pass flatus, which relieved somewhat; no eructations of acid character or otherwise. This is the history of the case to the present time.

Her present condition is as follows: Pain as before, with bowels distended; appetite good; tongue coated lightly, of a yellowish color; one movement of the bowels each day; lies down most of the time, as pain is increased by sitting up or moving; must lay with head high; countenance expressive of mental and physical suffering; body fairly well-nourished; no cancerous cachexia present; urine normal in appearance, although I have not made an analysis; quantity about as in health; food does not increase pain.

Examination—Heart-sounds normal; temperature, 99° F.; deep pressure in epigastric region causes pain; superficial pressure does not; no enlargement can be detected; bowels tympanitic, but not sore; stools at times are slimy; respiration normal.

Now what is the matter with this patient? Her case has been diagnosed everything, from worms to rheumatism.

C. S.

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REVIEWS AND BOOK NOTICES.

THE EAR AND ITS DISEASES, BEING PRACTICAL CONTRIBUTIONS TO THE STUDY OF OTOLOGY, by Samuel Sexton, M.D. Edited by CRISTOPHER J. COLLES, M.D. Octavo, 473 pages. Numerous illustrations. Extra muslin, $4.00. New York: William Wood & Company.

A general glance at the volume before us is one of pleasure as to the printing, paper and illustrations. This is the third large work on diseases of the ear recently issued by this enterprising firm within a few years; showing there must still be a demand for this class of medical literature, for another volume to be published so soon after Roosa's. This is the second work by the author, the first being a very brief brochure, issued by a Chicago firm, at a very moderate price. The work before us is much more pretentious, and has been issued with a great deal of advertising, not only in newspapers, journals, and medical lectures, but also by the authors being described as having made a great discovery for the cure of deafness, and a new method of treatment for certain affections of the ear; namely, the excision of the drum-head and ossicles in chronic purulent disease, and chronic catarrh of the ear.

In a paper read before the section of otology at the International Medical Congress in London, 1881, Lucae mentions the fact that he has performed excision of the drum-head with the malleus, in twenty-five cases, in none of which had any deterioration of the hearing taken place. Schwartz, later, gives the histories of six cases operated by him, which were satisfactory.

In 1885, Lucae published a full report of fifty-three operations in forty-seven persons. Stache (Erfurt), recently (1885), reported ten cases of removal of the malleus for chronic purulency of the middle ear.

Great stress is laid upon the subject of the irritation of the teeth as a cause of deafness. Experience in the treatment of deafness will rarely show diseased teeth to be a cause of deafness, except in a few instances of pressure from the wisdom tooth. Sea air and bathing with care improve many forms of deafness, and only careless diving in very cold water now and then in delicate persons will produce a few cases of ear disease. It is more the effect of cold air after coming out of the water, and exposure during a north-east wind. It is found that children in the tropics will be seen swimming and diving under the keel of vessels, with no after-indications of deafness. The chief form of deafness from water in the ear is due to softening of cerumen and pressure on the membrana tympani, which is readily removed by syringing.

In reading over the work carefully we have been disappointed in its contents as a whole, and it has given us the impression of a desire for originality without giving due credit to workers in the same field.

Much space is taken up with gun-shot wounds of the ears of eight men who were standing near a shell when it exploded. In six of these men, the drum-head was ruptured. His tentative treatment is very applicable, as these cases usually recover without treatment.

In the diagnosis of the most important part—namely, the labyrinth—the most recent and best methods which are employed have not been given.

In conclusion, the following subjects introduced in the work are worthy of notice: Anomalies of audition, and the effects of false hearing on singers, actors, lecturers, and musicians.

THE DISPENSATORY OF THE UNITED STATES. Sixteenth Edition, re-arranged, thoroughly revised and largely rewritten. With illustrations. By H. C. WOOD, JOSEPH F. REMINGTON, and SAMUEL P. SADTLER Philadelphia: J. B Lippincott & Co., 1888. Cloth, pp. 2091. Price $7.00.

The editors inform us that "the extraordinary activity in practical and theoretical research in the sciences which bear upon the Dispensatory subjects has produced so much fruit since the last revision, that over six hundred pages of new matter have been incorporated in this edition; but, by a very thorough elision of that which was effete, the editors have been able to restrain the net increase in the number of pages to 167."

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The revision appears to have been in some respects conducted on peculiar principles. The elision of very much more effete matter could have been made than some which has been sacrificed. A work of this kind differs from one on Therapeutics in that the Dispensatory is not the record of any one man's experiences or beliefs; but a compend of those of the profession in general. Bearing this in mind, it is a pity that this work was not confided to one less decided in his beliefs and disbeliefs than H. C. Wood. The remarks upon the uses of coca cannot surely be accepted as the verdict of the profession upon this drug. The remarkable control exerted over erysipelas by pilocarpus ought not to be unknown to the editors. The antiseptic treatment of typhoid fever, by carbolic acid, resorcin, salicylic acid, or the sulpho-carbolates, could scarcely have been overlooked by any one else. When it is stated that Merck pronounces hydronaphthol to be identical with beta-naphthol, a judicial spirit would have prompted the additional information that others deny this flatly, and stand ready to prove that Merck is mistaken. The brief note on the oleates by no means represents the estimation in which these agents are held by the profession; while the total omission of the one who, more than any one else, has popularized these preparations, reminds one of the play of "Hamlet, with Hamlet left out."

In the rules for dosage, we regret that the authors have not filled "a long-felt want," by giving some guide to the administration of drugs to infants under one year of age. For instance, what is the dose for a babe five months old?

No mention is made of the valuable action of phytolacca in glandular inflammations, such as mastitis. In fact, one is driven to the conclusion that what the editors do not know of therapeutics would fill a larger book than the one before us.

So far we have considered the faults of the book, as is our duty. But in other respects there is much to praise in this edition. Much useless and obsolete rubbish has been removed. The physiological action of remedies has been demonstrated as never before. The newer additions to the drug-list have been included, even to sulphonal. The inclusion of the National Formulary was a judicious measure. The scientific character of the work is distinctly improved, though at the expense of perspicuity. We believe that educated physicians and pharmacists will prize this book highly; but they will not wisely part with their old editions while making a place for this one.

It is a pleasure to see how substantially a volume of this size can be put together, and how well the publishers have done their part of the work.

TREATISE ON THE DISEASES OF WOMEN. By ALEXANDER J. C. SKENE, M. D. With 251 engravings and 9 chromolithographs. New York, D. Appleton & Co., 1888, pp. 966, 8vo.

Dr. Skene is to be commended for two reasons: he has not given us another of the endless repetitions of historical and controversial matters, with which we are already fully supplied; and he has utilized his space by citing numerous cases from his own practice. The illustrations are very good, especially the lithographs. The engraving No. 6 is one of the few which may be excepted from the above commendation. Those illustrating the misuse of pessaries should be found in every book on gynecology.

The work shows itself to be what the author states, the result of many years' earnest work; and we commend it to our readers.

A TEXT-BOOK OF PHYSIOLOGY. BY M. FOSTER. WITH ILLUSTRATIONS. Fifth Edition, largely revised. Part I, comprising Book I. Blood. The Tissues of Movement. The Vascular Mechanism. London: Macmillan & Co., 1888; pp. 352. Cloth, price, $2.60.

HYGIENE OF THE NURSERY. BY LOUIS STARR, M.D. WITH 21 ILLUSTRATIONS. Philadelphia: P. Blakiston, Son & Co., 1888. Cloth, pp. 212, 8vo. Price, $1.50.

The thanks of the busy practitioner are due to Dr. Starr for this useful little book, which, we hope, will find its way into the hands of many a young mother. The directions concerning

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clothing, etc., are very good. In regard to feeding, the same can be said of the directions in general, though our own experience leads us to contrary conclusions in regard to the infant foods. The Fairchild process requires more care and intelligence in its use than Reed & Carnrick's Food, and the product is not so uniform. Clinical experience proves the value of Mellin's Food; while malt extract sometimes succeeds where all the others fail. The universally suitable food has not yet been discovered, nor will it ever be; and all that the careful observer can do is to indicate those foods which he finds most generally applicable.

Dr. Starr wisely calls attention to the importance of the artificial digestants. Frequently we have found that the difficulty lay in the inability of children to digest any form of food; and the use of a little pepsin wine or lactopeptine solved the difficulty at once.

CLINICAL LECTURES ON CERTAIN DISEASES OF THE NERVOUS SYSTEM. By Prof. J. M. Charcot. Translated by E. P. Hurd, M. D., 1888. George S. Davis, Detroit, Michigan. Pp. 155. Cloth, 50 cents; paper, 25c.

This is one of the Leisure Library series. It contains eight lectures by the greatest living neurologist, and will be received with interest. Again we must commend the enterprise of the publisher, who supplies works of such value to the profession for a nominal sum.

THE PHYSICIAN'S POCKET DAY-BOOK. Designed by C. HENRI LEONARD, A. M., M. D. Size, 7½ inches long, 3½ inches wide, and ⅜ of an inch thick. Bound in red morocco, for the pocket; pencil loop and flap, red edges. Price, $1.00, postpaid. The *Illustrated Medical Journal Co.*, Publishers, Detroit, 1888.

This issue contains several new features. Besides daily charges for thirteen months for fifty families, and other usual pages, it has a list of doses of old and new drugs; poisons and antidotes, tests for urinary deposits, obstetric calendar, disinfectants, tables of weights and measures, table of eruptive fevers, and drops in a drachm of fluid medicines.

THE EFFICACY OF COCA ERYTHROXYLON. Notes and Comments by prominent physicians. Second edition. Published by MARIANI & Co., Paris and New York.

The evident popularity of the Mariani preparations is shown by the array of distinguished names it contains, of men who have a good word to say for Vin Mariani, etc.

SOME REMARKS ON THE USE OF FELLOWS' HYPOPHOSPHITES IN CONVALESCENCE. Part VII. JAS. I. FELLOWS, New York, 48 Vesey street.

MEDICAL COMMUNICATIONS OF THE MASSACHUSETTS MEDICAL SOCIETY. Vol. XIV. No. 2. 1888.

PAMPHLETS.

PENNA. STATE COLLEGE AGRICULTURAL EXPERIMENT STATION. Bulletin No. 5. The Digestibility of Soiling Rye.

CATARACT EXTRACTIONS, WITH ONLY THE EYE OPERATED UPON CLOSED BY ADHESIVE STRIPS. The other eye left open for the guidance of the patient. By JULIAN J. CHISHOLM, M.D. Reprinted from the *Journal of the American Medical Association*, November 3, 1888.

CONSEQUENCES OF ACUTE SUPPURATION OF THE MIDDLE EAR, WITH SPECIAL REFERENCE TO OPENING THE MASTOID. By A. R. BAKER, M.D., Cleveland, Ohio.

THE PREFERABLE CLIMATE FOR PHTHISIS; OR, THE COMPARATIVE IMPORTANCE OF DIFFERENT CLIMATIC ATTRIBUTES IN THE ARREST OF CHRONIC PULMONARY DISEASES. By CHARLES DENISON, A. M., M. D. Reprinted from the "Transactions of the Ninth International Medical Congress," Vol. V.

SHOULD NOT THE NATIONAL GOVERNMENT DEFEND OUR PORTS AGAINST THE NATIONAL ENEMY, CONTAGIOUS DISEASE? By BENJAMIN LEE, A.M., M.D., PH.D., of Philadelphia, Pa., Secretary of the State Board of Health of Pennsylvania. Reprinted from the *Journal of the American Medical Association*, October 6, 1888.

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ABSTRACTS.

LEPROSY.

Sei-I-Kwai says that a Japanese physician, Dr. Arai Saku, has discovered a remedy for leprosy. He has been invited by the Sandwich Islands and the Indian Governments to go to their assistance; but has refused, believing it to be his first duty to extirpate leprosy from his native country. He has, however, sent pupils fully instructed in his method to each of these countries. It is said that there are 130,000 lepers in India.

Although our contemporary gives this on the high authority of the Nichi Nichi Shinbun, we remain rather sceptical. It reads too much like a specialist's interview.

FORMULA FOR OIL CHENOPODII.—MEYERS, in the *Amer. Journ. of Pharmacy*, recommends the following as a good formula:

Celery seed	℥ij
Purified ext. licorice	℥j
Powdered gum acacia	℥v
Oil of chenopodium	℥ss
Expressed oil of almonds	℥iv
Sugar	℥iv
Water q. s. ad	℥iv

Mix the seed with the extract, and reduce to fine powder; triturate with sufficient water to form a thin liquid, and strain with expression. Emulsify the oils in a dry mortar, with the acacia and sugar, using a little water if the paste becomes too thick. Add the strained liquid and form an emulsion; adding water to make up to 4 ounces.

TREATMENT OF TUBERCULAR LARYNGITIS.—The nares and throat were sprayed with an alkaline spray, using Dobell's solution every day, and following the same up by spraying the throat with zinci sulph., gr. ij to aq. ℥j; on alternate days insufflation to the larynx of a finely triturated powder containing iodoform, tannin and bismuth subnit. Internally, syr. ferri iodid., syr. hypophospites, Fellows', and free out-door exercise. A continuance of this treatment was carried out for three months, when the patient increased in weight, the cough and hemorrhage had ceased, and I discharged the case as well.—*D. Emmet Welsh.*

STROPHANTHUS IN BASEDOW'S DISEASE.—BROWER has used strophanthus in three cases of exophthalmic goitre, and says they got well. He gave two drops of the tincture every six hours.

—*Journ. Am. Med. Assoc.*

REPRESSION OF MENSTRUATION AS A CURATIVE AGENT IN GYNECOLOGY.

In the *American Journal of Obstetrics*, GEHRUNG contributes a very interesting paper on the above subject, inspired by a translation which appeared in the TIMES some months ago. He believes the menstrual flow in modern women to be greatly in excess of the actual want, even when confined within ordinary limits; because of increasing engorgement and decreasing resistance, due to the effects of civilization, the effects of repeated menstruations, of pregnancy and labor, and to inherited habit.

In anemic women, this loss is apt to be greater and even more injurious than in the robust. He describes these cases, where the woman's whole existence is spent in making blood enough to be again uselessly spilt at the next menstrual period. Treatment affords temporary relief, which is lost at each recurrence of menstruation.

For this condition he recommends the tampon. He uses absorbent cotton, made into numerous little balls, squeezed dry from a 1 to 2 per cent. alum solution, and packed around and upon the cervix uteri through a speculum (Sims' or valvular). The tampon is packed in solidly. It is left for 48 hours, unless bleeding occurs sooner, when it is renewed.

This lessens the loss of blood and the duration of menstruation. Rest is desirable, though not essential. He applies the tampon on the first appearance of menstruation. He very judiciously suggests that while intelligent women appreciate the value of the procedure, with the lower class it is best not to reason about it.

After putting this procedure into practice in very severe cases, he reports unquestionable success, and no cause to regret the treatment. In nearly every case the patients have been elated with the results. He had hesitated in publishing his cases until he saw in the

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TIMES for June 1888, a translation of an article by Loewenthal on the same subject.

His rule for the use of the tampon is based on the answers to the following questions:

1. How much blood does the patient lose?

2. How much can she afford to lose?

GRESSWELL, in *The Practitioner*, recommends oxygen and oxygenated water in scarlatina. He finds the water the best means for relieving thirst, and thinks the gas lessens the tendency to albuminuria and promotes convalescence.

ROLLESTON (*Practitioner*) observed alarming dyspnœa with collapse, following the administration of paraldehydea in case of chronic emphysema.

THE ILLS WHICH CORSETS CAUSE.

Local hepatitis.
Hepatic calculus and colic.
Wandering liver.
Protuberant abdomen and enteroptosis.
Prolapse and flexions of the womb.
Lateral spinal curvature.
Anæmia, chlorosis.
Dyspepsia.
Diminished lung capacity and oxygen starvation.
Intercostal neuralgia.
Weak eyes.
Bright's disease.

—*N. Y. Med. Record.*

TOBACCO A MICROBICIDE.—Researches made in the University of Pisa show that exposure to tobacco smoke delays the development of all varieties of microbes. Hereafter we must commend the action of the surgeon who operates in a room filled with tobacco smoke; and physicians must no longer selfishly deprive their families of the benefits to be derived from a plentiful supply of this powerful antizymotic.

AUSTRALIAN VITAL STATISTICS.—During July, 1888, there were registered in Melbourne 630 boys and 602 girls; total 1232.

The deaths for the same month numbered 594. One hundred and thirty-nine of these deaths took place in public institutions, and 134 were of children under one year.—*Australian Med. Journal.*

This is an enormous proportion of births, and indicates a very exceptional state of affairs. We are sorry our contemporary did not explain this interesting fact, as well as the great number of deaths in public institutions.

The English government is considering the propriety of abolishing the Army Medical School at Netley. This would be a step backwards, as the varied nature of the services which the British surgeon may be called upon to perform in every quarter of the globe, renders a school for special preparation a very valuable institution.

HYPERIDROSIS.—For sweating feet, a French writer recommends the application of a 1 per cent. solution of chromic acid on absorbent cotton to the plantar surface and between the toes.

HEADACHE.

FORM.	TREATMENT SUGGESTED.
1. Anemic.	Amyl, Bella., Fe., Menthol, Quin.
2. Bilious.	Ammon. Chl., Hg., Mag. Sulph., Podoph.
3. Cardiac.	Cactus, Dig., Glonoin., Strophanth.
4. Catarrhal	Acon., Potas. Iod., Pula., Duboisine.
5. Cerebral softening.	Anodyne, Ergot.
6. Cerebral tumor.	Ergot, Potass. Iod.
7. Cinchonism.	Bromides, Iodides.
8. Congestive, active.	Acon., Erg., Morph., Pod., Salines.
9. Congestive, passive.	Aq. ferv., Dig., Potass. Acetat.
10. Climateric.	Cimicif., Ver. Vir., Sulphur.
11. Constipation.	Aloin, Cascara, Hg., Nux Vom, Pod.
12. Diabetic.	Potass. Brom., Valerian.
13. Dyspeptic.	Bryon., Guarana, Nux Vom., Sod. Salicyl.
14. Fevers.	Acon., Antipy., Dig., Gels., Ver. Vir.
15. Gouty.	Colch., Salicyl.
16. Hemicrania	Antipy., As., Can. Ind., Dig., Gels.
17. Hemorrhoidal.	Cascara, Sulphur.
18. Hysterial.	Asaf., Camph, Hyos., Val. of Zn.
19. Idiopathic.	Caffeine, Guarana, Bromides.
20. Inebriate.	Bromides, Camph. Monobrom., Chloral, Hyos., Pilocarp.
21. Migraine.	Antip., Brom., Ergot, Glonoin, Menthol.
22. Meningeal.	As. et Op., Frigus, Gels.
23. Menstrual.	Am. Mur., Antipy., Gels., Pierot., Viburn.
24. Malarial.	Ars. et Bell., Gels., Quin, Am. Pic.
25. Nervous.	Bromides, Gels., Guarana, Strych., Zinc.
26. Neuralgic.	Antipy., Caffein., Gels., Phosp., Quin.
27. Optical.	Correct the vision. Rest.
28. Ovarian.	Am. Mur. Gels., Viburn.
29. Periosteal.	Potass. Iod.
30. Periodical.	Ars., Can. Ind, Gels., Quin.
31. Plethoric.	Alkalies, laxatives.
32. Rheumatic.	Colch., Pot. Iod., Salicyl.
33. Sick	Caff. Citrat., Guarana, Nux Vom., Sod. Phosph.
34. Syphilitic.	Hg., Pot. Iod., Stillingia.
35. Toxemic.	*p. r. n.*
36. Uremic.	Elater., Morph., Pilocarp., Podoph.
37. Uterine.	Bella., Cimicif., Viburn.
38. Worms.	Salicyl., Vermicides, Vermifuges.
39. Zymotic.	*p. r. n.*

BENJ. EDSON, M.D., *in Medical World.*

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MISCELLANY.

Dr. R. Leonard, of Mauch Chunk, a leading physician of Carbon county, while walking home from a visit to a patient early on the morning of the 23d, was struck by a passing train and killed. Dr. Leonard enjoyed the confidence of the people, was active in all matters pertaining to medicine, as well as to the general interests of the community in which he lived, and his death will cause a gap not easily filled. He was President of the Lehigh Valley Medical Association in 1884.

AN IMITATION HOSPITAL.

In a Hungarian town the Red Cross authorities had neglected to organize their hospital for two years, when they received notice of an Archducal visitor who would be with them in two days. No time was to be lost; a building was rented for a month and 100 workmen set to work to put it in order. Beds and other necessaries were borrowed from a real hospital and patients hired. The Archduke declared himself satisfied; but he had scarcely turned his back when the workmen were called in to restore the house to its former condition. The patients were dismissed—but here there was a hitch. They declined to go. They were receiving two florins a day for being sick, and knew they had a good thing. They were put out by force; took their cases into court; the committee was compelled to pay them their wages; and as the affair came to the Archduke's ears, the originators of the scheme failed to obtain the decorations they expected.

Thus, even in this bad old 19th century world, vice occasionally receives its due reward.

Thus far the experiments made in Australia upon rabbits, by inoculating them with chicken cholera, have proved negative; the disease causing death, but not proving contagious. In but one case was there apparent contagion, and this was balanced by a wild rabbit, which took the poison with impunity.

Millard uses tincture lobelia inflata as a surgical dressing; applying it upon absorbent cotton to recent wounds and injuries.—*S. Cal. Pract.*

HOW TO RAISE THE EPIGLOTTIS.

In the *Medical Press* HOWARD gives cogent reasons for concluding that:

1. Traction of the tongue cannot raise the epiglottis.

2. By sufficient extension of the head and neck, by volition, instinct, reflex action or by the effort of another person; in the healthy, the dying or the dead; the epiglottis is instantly, and beyond prevention, made completely erect.

3. By complete extension of the head and neck, the tongue and velum are, as respiratory obstructions, simultaneously with the epiglottis, removed; and, without a moment's delay, the entire air-way can be straightened, enlarged, and be made free throughout, by the nearest person.

4 If syncope happens to be the chief factor, or only incidental, this also gets thus the quickest and best corrective.

The author believes that the recognition of these facts will be found to be permanent additions to our means of averting death.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING NOVEMBER 24, 1888.

P. A. SURGEON A. C. HEFFINGER.—Ordered to the U. S. S. "Kearsarge."

ASST. SURGEON PATRICK H. BRYANT.—Ordered to the Naval Hospital, Brooklyn, N. Y.

SURGEON DANIEL MCMURTRIE.—Ordered to the U. S. Recg.-ship "Vermont."

SURGEON M. C. DRENNAN.—Detached from "Vermont" and to the "Atlantic."

SURGEON G. F. WINSLOW.—Detached from the "Atlanta" and placed on waiting orders.

P. A. SURGEON W. A. MCCLURG.—Detached from the "Tallapoosa" and to the "Kearsarge."

ASST. SURGEON L. L. VON WEDEKIND.—Ordered to the "New Hampshire."

P. A. SURGEON A. C. HEFFINGER.—Detached from the "Kearsage" and to the "Tallapoosa."

SURGEON B. F. STEPHENSON.—Detached from navy yard, Boston, and to the "Wabash."

MEDICAL DIRECTOR A. S. OBERLY.—Ordered to the U. S. S. "Richmond."

SURGEON W. H. JONES.—Detached from the U. S. S. "Richmond" and wait orders.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING NOVEMBER 10, 1888.

SURGEON D. DICKINSON.—Ordered to Naval Hospital, Mare Island, California.

SURGEON G. P. BRADLEY.—Detached from Naval Hospital, New York, and to "Iroquois."

SURGEON R. C. PERSONS.—Detached from Army and Navy Hospital, Hot Springs, Arkansas, and to Naval Hospital, New York.

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P. A. Surgeon Ernest Norfleet.—Detached from Naval Hospital, Mare Island, California, and to the "Trenton."

Assist. Surgeon H. N. T. Harris.—Detached from Naval Hospital, Mare Island, California, and to the "Kearsarge."

Assist. Surgeon J. S. Sayre.—Ordered to examination for promotion.

P. A. Surgeon H. G. Beyer.—Detached from "Trenton," and granted six months leave, with permission to leave the United States.

Patrick H. Bryant and Luther L. Von Wedekind.—Commissioned Assistant Surgeons, U. S. Navy.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING NOVEMBER 17, 1888.

P. A. Surgeon Robert Swan.—Ordered before Retiring Board 19th inst.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM NOVEMBER 4, 1881, TO NOVEMBER 17, 1888.

By direction of the Secretary of War, the retirement from active service this date, by operation of law, of Colonel Elisha I, Baily, Surgeon, under the provisions of the Act of Congress approved June 30, 1882, is announced. Colonel Baily will repair to his home. Par. 1, S. O. 266, A. G. O., Washington, November 14, 1888.

By direction of the President, Lieutenant-Colonel Basil Norris and Major Henry R. Tilton, Surgeons U. S. Army, are detailed as members of the Army Retiring Board, appointed to meet at San Francisco, California, by War Department. Order dated October 27, 1888, published in Special Orders No. 253, October 30, 1888, from Headquarters of the Army. Vice-Colonel Elisha I. Baily, Surgeon, and Captain John J. Cochran, Assistant Surgeon, hereby relieved. Par. 13, S. O. 261, A. G. O, Washington, November 8, 1888.

By direction of the Secretary of War, Lieutenant Colonel Joseph C. Baily, Assistant Medical Purveyor, will transfer at once the public funds for which he is now responsible to Captain Henry Johnson, Medical Storekeeper, who will assume temporary charge of the Medical Purveying Depot in New York City, retaining charge thereof until relieved in person by Lieutenant-Colonel E. P. Vallum Surgeon, under his assignment as Acting Assistant Medical Purveyor, to whom Captain Johnson will then transfer the public funds. Par. 1, S. O. 257, A. G. O., Washington, D. C., November 3, 1888.

Major Ely McClellan, Surgeon.—Is relieved from duty at Jefferson Barracks, Missouri, and will report for duty at Chicago, Illinois, as attending surgeon and examiner of recruits Par. 15, S. O. 261, A. G. O., Washington, November 8, 1888.

Major John H. Barthole, Surgeon.—Is relieved from further duty in the Department of Texas, and will report to the commanding officer at Plattsburgh Barracks, New York. Par. 15, S. O. 261, A. G. O., Washington, November 8, 1888.

By direction of the Secretary of War, leave of absence for two months, to take effect on the completion of his present duties, is granted Major Henry McEldery, Surgeon U. S. Army. Par. 3, S. O. 256, A. G. O., Washington, D. C., November 2, 1888.

Leave of absence for one month, to take effect on or about the first proximo, with permission to apply for an extension of one month, is granted Surgeon William E. Waters, Vancouver Barracks. Par. 1, S. O. 129, Headquarters Department of the Columbia, November 9, 1888.

Captain Clarence Evan, Assistant Surgeon.—Is relieved from duty at Fort Sidney, Nebraska, to take effect on the expiration of his present leave of absence, and will report in person to the commanding officer, Madison Barracks, New York, for duty at that post. Par. 2, S. O. 258, A. G. O., Washington, November 5, 1888.

Captain Daniel M. Appel, Assistant Surgeon.—Is relieved from duty at Fort Davis, Texas, and will report in person to the commanding officer, Fort Sill, Indian Territory, for duty at that post, reporting by letter to the commanding general, Department of the Missouri. Par. 2. S. O. 258, A. G. O, Washington, November 5, 1888.

Leave of absence for one month, with permission to apply for an extension of one month, is granted Captain J. Van R. Hoff, Assistant Surgeon. S. O. 134, Headquarters Department of the Missouri, Fort Leavenworth, Kansas, Nov. 1, 1888.

Captain Curtis E. Price, Assistant Surgeon.—For two months, with permission to apply for an extension of ten days. Par. 2, S. O. 257, A. G. O, Washington, November 3, 1888.

Captain Marshall W. Wood, Assistant Surgeon.—For one month, with permission to apply for an extension of ten days. Par. 2, S. O. 257, A. G. O., Washington, November 3, 1888.

By direction of the Secretary of War, Captain John J. Cochran, Assistant Surgeon, is relieved from temporary duty at Headquarters Division of the Pacific, and will report in person to the commanding officer, Fort Adams, Rhode Island, for duty at that post. Par. 2, S. O. 256, A. G. O., Washington, November 2, 1888.

Assistant Surgeon W. H. Arthur, upon being relieved by Acting Assistant Surgeon J. L. Ord, will proceed to comply with Par. 21, S. O. No. 250, C. S., Headquarters of the Army. Par. 5, S. O. 123, Headquarters Department of Arizona, Los Angeles, California, November 5, 1888.

By direction of the Secretary of War, First Lieutenant Alfred E. Bradley, Assistant Surgeon (recently appointed), will report in person to the commanding officer, David's Island, New York, for duty at that depot, reporting by letter to the superintendent of the recruiting service, New York City. Par. 14, S. O. 260, A. G. O., November 7, 1888.

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PHILADELPHIA MEDICAL TIMES.

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No. 547. DECEMBER 15, 1888. VOL. XIX

ORIGINAL ARTICLES.

SUCCESS AND FAILURE OF ELECTROLYSIS IN URETHRAL STRICTURES, ESPECIALLY DR. KEYES' METHOD REVIEWED.

BY ROBERT NEWMAN, M.D.

Surgeon to the North-Western Dispensary, New York.

IN the *New York Medical Journal* of October 6, 1888, an article entitled, "The Curability of Urethral Stricture by Electricity," "An investigation," by E. L. Keyes, M.D., appeared.

My first intention was to let the article pass without notice, awaiting to be summoned, as I know I shall be, to attend the requiem mass chanted over it, by the great scientists of the age, ere it is committed to the grave without hope of resurrection. But as I, in the article termed "the apostle of this creed," am charged with being "largely responsible in this country for modern

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electrolytic fervor as relating to urethral matters," "by most pretentious statements of results," which I am unable to sustain, when operating under the impartial eye of Dr. Keyes, it seems to me to be just to those surgeons upon whose "imagination" I have imposed, and to myself, that I should give a truthful statement of all that passed between Dr. Keyes and myself regarding the cases which he has in his paper, mentioned my name in connection with, as well as be permitted to comment upon the results stated by Dr. Keyes in his tabulated report. I therefore divide my paper in two parts: Part I referring to cases VIII and IX, and Part II, to the remainder of Dr. Keyes' article.

PART I.

It is worthy of note that no important advance in science has ever been made without determined opposition from those who, from motives best known to themselves, are unwilling to admit that there can be better and easier paths than those they have been accustomed to travel. Galileo, on announcing that the earth revolved around the sun, was seized, condemned as a heretic, and under the penalty of death commanded to retract. Franklin was ridiculed when he asserted that he could draw lightning from the clouds and bottle it. Fulton was thought crazy when he said he could propel a ship by steam. Dr. Harvey was jeered at when he advanced his theory of the circulation of the blood. To-day all they said is accepted, and we wonder how people could have thought otherwise.

Investigations of scientific subjects are generally conducted for either the benefit of humanity at large, or the gratification of the investigator. In the first instance they are, if intended to be of any value as to their results, conducted openly, honestly and impartially, the only object of the investigation being the ascertainment of the truth. In the second instance, the object of the investigation being only to satisfy some personal desire of the investigator, whether the investigation be conducted honestly or dishonestly of necessity depends entirely upon the purpose, whim, or caprice of the investigator.

In Dr. Keyes' article we find these words: "The case treated by Dr. Newman." "Case VIII." It is necessary that I should state, from Dr. Keyes' letter to me, exactly the circumstances under which I began the treatment of that case. January 10, 1888, Dr. Keyes wrote me, expressing his desire to investigate the electrolytic method of curing stricture of the urethra, and, among other things, said: "If the method yields as good results in the hands of others as you get, it should be popularized." I forthwith wrote Dr. Keyes that I would afford him such aid as I could in his investigation. Though I must confess that, judging from what Dr. Keyes has said in the past, I had little or no doubt but that the outcome of his investigation would be just what he has published or obtained in the manner that he has. On January 21, 1888, Dr. Keyes wrote me: "I will ask to send one case to you. *I* will *examine it before it goes*, and *after you pronounce it cured* [Italics my own], if you will allow me to do so." Shortly thereafter the patient came to me accompanied by Dr. Keyes' assistant, together with a card from Dr. Keyes in these words: "Will you kindly treat this patient, who has double linear stricture, and let Dr. Fuller watch the process. I have his present condition written down." The patient was of the charity order; his residence was not vouchsafed to me, nor was I aware that the assistant was making secret notes of what I said and did; that even casual remarks were being quoted as scientific deductions, such as it was due * * * to the "blizzard," with such omissions as he saw fit to make. Presumably Dr. Keyes was ignorant of all this, for I would not lightly charge him (especially when he "entered the investigation," as he says, "without bias," * * * * * "and from no motive except that of attempting to throw light upon a subject which is usually shrouded in much mystery"), with knowledge of such a proceeding, nor do I intend to intimate that he was an accessory before or after to such a course, except in so far as he by his own paper admits.

On examination I found two strictures, one at four and one-half and the

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other at five and one-quarter inches from the meatus, and that I found a cicatrix. On February 6, 1888, Dr. Keyes wrote: "Don't let us go on with the D. case (Case VIII) unless you are willing to abide by the result, for it will be loss of time. I will look up another which has not been cut." It will be observed that the investigation has at this point changed; it is no longer for personal information, but has become "star chamber" in its character. I, as a matter of course, declined to allow any case, which was not absolutely under my control, to be used as a test case, when I had hundreds to show, with indisputable proof as to results; nevertheless I did not decline to continue treatment of the patient; for had I, as I might, justifiably, doubtless I would have been accused of refusing to aid a brother practitioner in his attempt "to throw light upon a subject which is usually shrouded in much mystery." The treatment of the case proceeded till July 2, 1888, when Dr. Keyes withdrew the patient against my protest. On June 26, 1888, Dr. Keyes wrote me: "I shall sail for Europe next Tuesday morning, July 3. If, therefore, you could this week send me a report about D. (Case VIII), whom you are kindly treating for me, I shall be obliged to you, as I expect to be away all summer." On June 28, 1888, I wrote: "The present state of D. (Case VIII), whom you sent to me for treatment for, as you expressed it, double linear stricture at four and one-half inches, etc.; at the present time that stricture has entirely disappeared. Nevertheless, as the patient is not well or cured, I found on examination, when D. first came to me, a second stricture at five and one-quarter inches from meatus, also contracture of the bladder, which propelled the sound, and sometimes caused such spasm that no instrument would pass beyond six inches. There is much irritation and discharge of mucus, pus and blood from the urethra. The second stricture is improved so that a No. 25 French will pass; but the ring constituting the stricture can be felt distinctly, and is not cured at the present time. For the spasm of the bladder he has not received any treatment, and the galvanic current certainly will never cure spasmodic actions of the bladder and urethra. I propose to treat D. for the latter trouble during the hot season, taking time, and report to you later in extenso. With," etc.

July 2, 1888, Dr. Keyes replied as follows: "I thank you for your letter, and particularly for your kindness in facilitating my study of the subject. *I have examined D.* [Italics my own.] You state that the only remaining trouble with him is deep urethral (or somewhere near the neck of the bladder) spasm, and that electricity is not competent to overcome this condition. Therefore, while again thanking you, will you allow me to ask you not to give D. any further treatment, that I may have an opportunity to examine him again in the autumn in order to determine his ultimate condition." Why did Dr. Keyes write me this note, withdrawing the patient, on the second of July, when he knew I could neither see him personally nor reply by letter before he sailed for Europe; for he had written, "I shall sail for Europe next Tuesday morning, July 3d," under date of June 26th.

July 18, 1888, I wrote Dr. Keyes: "In your favor mentioned, you change somewhat my plan in not letting me treat D. for the present, saying it will facilitate your study of the subject. As such I consider it, and your intention is perhaps best for that purpose. But I wish to call your attention again to my former letter, of the 28th of June, in which I said that the case is not cured; and, again, that I did not treat the case with its complications, but only the strictures as desired; and, further, as I had not the patient under my sole control, even did not know his residence or whereabouts, the result is not as favorable nor cured as I desired to see it."

Dr. Keyes, on Sept. 5, 1888, wrote: "I am just back from my trip. I have not yet seen D." He then stated that he intended to say at a Congress in Washington all that he knew about electrolysis as a method of treating stricture: also telling when he was to read his paper; and further stating: "You have been most kind in assisting my study of the matter; but I regret to say that

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my final conclusion is not favorable. When I see D., I shall examine into his present condition, and add that to the paper." He concluded by stating that he thinks it hardly proper "to report your [my] case without asking you to be present," etc.

On Sept. 13, 1888, Dr. Keyes wrote: "I have examined D., and find recontraction — his stricture being at 4½ inches. I cannot find that any improvement has followed the use of electricity; and on close questioning I learn that his strictured area never had been cut [as he had allowed me to suppose]; but that the cutting was a meatotomy. Under these circumstances, I see no escape from reporting the case a failure; and since [there was no previous cutting], it seems to me to demonstrate that electricity has signally failed in removing organic stricture in this case. I am sorry it has so turned out; but so certainly it is."

Certainly I protested against Dr. Keyes' method of procedure; but without avail.

I have quoted these letters thus *in extenso*, and grouped them together:—

First. In order that the reader may judge whether Dr. Keyes kept his agreement with me: viz., "I will ask to send one case to you. *I will examine it before it goes, and after you pronounce it cured.*" [Italics my own.] It is to be presumed Dr. Keyes examined the patient before he sent him to me; for he states that he found, as I did, double *linear* [Italics my own] stricture at 4½ inches from the meatus. Next, did he wait for further examination till I "pronounced it cured?" His own letters show that he not only did not, but that he examined the patient when I said the stricture was not cured, and withdrew him from my care against my will. This is confessed in the surreptitious notes of his assistant. How are we to know how many other explorations of the urethra were made by any one during the progress of our treatment? Were I under a contract with Dr. Keyes to cure D. or pay a penalty for failure, could he recover the penalty under this proof? This is a test of whether I failed with electrolysis. I am informed, on submitting the correspondence to a legal gentleman, that he could not; because, as the man of law puts it, he has, by his own acts, put it beyond my power to carry out the contract." My position is, as the legal gentleman says, like to "where A agrees to build a house for B, and to have it finished in a given time, B to furnish materials as A requires. B fails to furnish the materials as required by A; A fails to complete the work at the given time; B sues A for failing to fulfil his contract. He loses his case upon the ground that he has broken his contract, in that by his acts he prevented A from completing the work at the given time.

Second. That the reader may judge for himself whether Dr. Keyes conducted the investigation fairly, impartially, and with what end in view. Why was the residence of the patient concealed from me, and why were notes made of only so much of my procedure as his assistant saw fit? Would it not at least have been honorable to have made those notes in my presence, or at least with my knowledge? A few brief remarks as to those notes will satisfy any impartial reader of their utter worthlessness. For instance: May 23: "No. 25 electrode, five milliamperes, ten minutes; will not enter the bladder." This note does not state whether the electrode passed the strictures, but simply "will not enter the bladder." How does the gentleman know this? I was operating, not he. Did I try to enter the bladder with the electrode? Certainly I did not. It was wholly unnecessary. The note does not say that I tried to enter the bladder with the electrode; but it certainly leaves room for the reader to conjecture that I did and failed. It is certainly an innuendo to that effect, without a scintilla of truth in it. On "April 17, Dr. Keyes tested the patient as to his condition to-day. He found that only 12 (F.) would pass easily; the stricture bleeds; the meatus takes 29 (F.)." This is waiting for examination till I pronounce the patient cured. On the next day (18th) the patient is presented to me, and on examination I refuse to apply electricity. (See note of 18th April.) At that time I did not know of Dr. Keyes' performance on the 17th, but finding a condition of the stricture for

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which I was unable to account, sent the patient away for a week. I have not gone into the details of the printed report of Case VIII, because it seems to me that any one, by comparing the correspondence between Dr. Keyes and myself with those notes, will find food for meditation, the result of which will not be unfavorable to your humble servant.

"Case IX."—E. S. E. Dr. Keyes presented this case to his readers in these words. "The patient I now present for your inspection is a lamentable instance of the harm that may be done by the use of electricity in the urethra in careless hands," and further on says the patient got rather worse than better under Dr. Newman's treatment. I desire to put a few questions in order to determine how Dr. Keyes arrived at these conclusions. Had Dr. Keyes examined the patient before I began treatment, and if he had not, how is he to know in what condition the urethra was before I commenced, or does he rely on what the patient said? The truth of the matter is, that the patient came to me for treatment before he went to Dr. Keyes, viz., on June 2. On examination I found that a No. 9 Fr. catheter passed with great difficulty, and only over a filiform guide. My last note is—Electrolysis No. 17, Fr., egg shaped bulb, tunnelled electrode, was introduced over a filiform guide—the trouble is only from two to three inches, after which the electrode passed at once into the bladder. No guide is any longer necessary. At this point I declined to continue further treatment of the patient, for reasons which if necessary I will give, but certainly not as Dr. Keyes alleges I said, "knowing his not to be a suitable case." If Dr. Keyes understood me to say so, he most certainly misunderstood me. On my declining to further treat, the patient turned to me and said he feared lest he should fall into the hands of some quack, and asked me to recommend some reputable genito-urinary surgeon. I replied, "go to Dr. Keyes."

In the above condition and under the above circumstances, the patient came to Dr. Keyes. Was he worse or better? Is a urethra admitting a No. 17 Fr. electrode worse or better than when from stricture it only admitted a No. 9 Fr.? Why has Dr. Keyes mentioned my name in connection with the case, when he admits that all the damage was done by a Brooklyn homœopath?

How did Dr. Keyes relieve this patient? He cut twice, once up to No. 40 Fr., and the second time to No. 44, "cutting through the sheath of the urethra; indeed cutting everything except the skin." Was that treatment judicious?

PART II.

Dr. Keyes' article condemns electrolysis, thereby my method of treating urethral strictures, etc. In defending myself my task would have been easier to have dealt with facts than with surmises.

Dr. Keyes, in convincing his readers that I am all wrong, begins his article with:

"A widespread belief exists in the community. This belief includes the three presumptions: (1.) That any one, by following rules, may use the method successfully. (2.) That electricity does no harm to the urethra. (3.) That stricture cured by electricity is dissipated by absorption, and the urethra remains permanently open."

Surely it is no fault of mine, nor do I see how I can be held responsible for what a community presumes and believes. I will subscribe to No. 3, as in my extensive experience I always found on re-examination that patients once cured of urethral strictures by electrolysis suffered no re-contraction, and such re-examinations were made after from one to eleven years, respectively, by myself, and confirmed by the family physician. But I never said that any one can operate by electrolysis successfully, and that electricity will do the urethra no harm. On the contrary, I have in all my writings insisted on certain qualifications of the operator, and shown why some operators must necessarily fail. Among others, I will quote from my articles (Armamentarium, etc.): "If the foregoing rules are observed by an *expert* in *surgery* and *electricity*, success must follow. This has been proven by a vast amount of clinical facts. Some are aggrieved to hear that to succeed it is necessary to

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understand electricity and the handling of the genito-urinary instruments. If operators who are unskilled or careless fail in their undertaking, it does not condemn an acknowledged good operator. If some gentlemen use too strong currents, or the positive instead of the negative pole, they make gross mistakes, must necessarily fail, destroy tissues and ruin their patients."[1]

"Now, in conclusion, electrolysis of urethral strictures must and will succeed in proper hands in every case that is intelligently and judiciously undertaken. The operation itself needs a clear head, a steady hand, fingers which both see and feel, patience and good discrimination in the application of the strength of current and length of sitting."

Similar phrases have been used by me, and certainly I have not said anything by which a competent medical man is led to believe that any one can use electrolysis successfully, or that electricity does no harm to the urethra. Even a layman will not believe so, as he occasionally reads that an electric wire has killed a man coming in contact with it, and since our Legislature has passed a law to use electricity instead of the gallows for capital punishment. In another sentence of Dr. Keyes' article I find my name mentioned first in connection with a case which concludes as follows: "The patient consulted Dr. Robert Newman as an authority upon urethral electrolysis, who assured him he had no stricture, but still proposed to remove his urethral symptoms by electricity. The patient returned to me unrelieved, declining further trial of electricity." I am utterly lost to know what the author of those lines wanted to prove thereby, or for what purpose he wrote. But I am told by others, that the unsophisticated reader may make his own inference, that Newman proposed an electric treatment, which was not indicated; that he did treat accordingly, and the patient returned to Dr. K. unrelieved.

While I know of no such case or facts, still I have corresponded with Dr. Keyes about a patient where there were some features in common. I therefore give the facts from note-book. January 31, W. came to my office; never has had any venereal disease, but had slight discharges from urethra, particularly in the morning after having drank champagne; complains of a nervous organization, which causes exhaustion at times; thinks he has stricture at 2½ inches for six months; has been treated. Is a friend of Dr. Keyes, who has used deep urethral injections, which caused a profuse discharge and cystitis. Four days ago Dr. Keyes passed a bougie about as follows: No. 28 F. passed both ways; No. 30 passed tightly at 2½, and returning would not pass, when he removed the instrument forcibly, causing pain and discharge. Dr. E. G. attends to him for nervous exhaustion, and Dr. W. treated him with the endoscope.

Examination. — A small bougie a boule causes sensitiveness. There are no indurations, the walls of the urethra feel soft; in fact, almost softer than in a normal state. Sometimes a contraction suddenly appears, which just as suddenly subsides. The slightest and most careful contact of the instrument with the mucous lining of the urethra causes a burning sensation. Patient feels nervous, and for further examination will call in a few days; says Dr. Keyes has sent him to me to be treated for urethral stricture by electrolysis, and he will have the electricity when he calls again. February 5, Electrode No. 28 F. egg-shaped bulb passed easily the suspected stricture at 2½ inches; but at 3½ a slight contraction suddenly appeared, and patient complained of pain. While the electrode was attached to the battery, but without any electric current being present, the index being at zero, patient complained of the severest burning he ever had in his life, which he imagined was done by the electricity. However, after practical demonstration, he had to acknowledge that the burning he thought he felt was not caused by electricity, as at that time no electricity was present. (Perhaps he had heard that electrolysis would burn.) The instrument detected sudden contractions, which disappeared. The whole examination on both days, as well as the history of the case, showed that there was

[1] Is Electrolysis a Failure?

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no stricture, and that the contractions were due to spasm. On parting, I said: "Tell Dr. Keyes I said you have no stricture." It will be seen from the above notes that I examined the patient only, but certainly did not treat him; therefore, neither cure nor relief could be expected from me. From the correspondence it will be seen that Dr. Keyes wrote me on February 6, 1888: "I have constantly insisted that he had no urethral disease—more than a little deep congestion spasm, and a little neurosis * * * I told him that you were the electrolytic head-centre; and that is why he calls on you, and not that I thought he had stricture." As this conflicts with my notes made as stated by the patient, it is only justice to concede that neither Dr. Keyes nor myself are responsible for statements of patients who may unintentionally make mistakes in medical narratives, especially when they are excitable and nervous. I have stated in my notes what I understood the patient said, and certainly we believe everything that Dr. Keyes says. Why Dr. Keyes, who treated the patient for a neurotic condition, and knew there was *no* stricture present, gave his consent for electrolytic treatment for an alleged stricture by his family physician, I certainly do not know, and therefore cannot explain. The foregoing explanations are hardly necessary, except to show how and to what extent I was connected with this case, and to correct an impression which might be drawn from Dr. Keyes' article: namely, that I had treated the patient with electricity without relief.

The next part of the article is a resume of my rules in electricity, my statistics and conclusions, well given in abstract, from which is seen that I recommend electrolysis, and have reported undoubted successes. So have others. In opposition, Dr. Keyes relates his own experience in seven cases, six of which were decided failures, and which, treated as he states, could hardly have resulted otherwise, and one a success. He assures his readers that our relations have been most amicable, and I am very glad to hear this, as some who read the article might consider, from Dr. Keyes' report about me, that they were otherwise, even hostile. For my part, I have done all I could to nourish these friendly feelings, and hope the amicable relations between Dr. Keyes and myself will always exist. I also acknowledge with pleasure the good service Dr. Keyes has done me, as, since his article appeared, my patients for electrolysis, sent me by physicians who have read Dr. Keyes' report, have largely increased. Some expert in electrolysis recently said: "Now, some failures of electrolysis have been reported by gentlemen who said they followed Newman's method in every particular. But the truth is that they only thought they used Newman's method, while in reality they did not, and that caused failures." Now, I regret exceedingly Dr. Keyes' failure. I wish he had succeeded, and am ready to assist him in any way I can. But, notwithstanding my repeated invitations to call and see for himself, he never came near me. Why he failed, I cannot say exactly, but will try to review his cases, and point out some facts which might have had some influence, and others from which I think some erroneous conclusions are drawn.

Case I. The patient is 74 years old; passes acid urine, somewhat turbid with pus, every two hours, with straining. Has been treated formerly for stricture by dilatation. At five inches is a tight stricture, admitting only a filiform whalebone. *January 30th.* Electrode, 16 Fr.; five milliampères; three minutes; no effects.

In two other sèances, No. 16 electrode; no effect.

Comment. My rules say, use no larger instrument, at utmost, than three sizes larger than the stricture; in the beginning even a smaller number; as in this case only a filiform would be admitted, a small electrode of No. 9, and certainly not larger than a No. 11, would be indicated. The No. 16 was decidedly too large, and it is perfectly natural that "no effect" is reported. After 16 would not pass, why was 16 again used at the next seance? Why was not a smaller instrument tried? The former experience should have been taken into consideration. Why was he not treated also for the turbid urine with pus, which was passed every two hours? Is this a case where the electrolysis must be held responsible for failures?

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According to rules there could be no success. Whether some of the patient's symptoms were also due to an enlarged prostate is not stated.

In Case II the same mistake as commented on in Case I was made. There were two strictures present, admitting Nos. 19 and 23 Fr. respectively. Three numbers larger for the electrolysis would indicate a No. 22 and 26 respectively; as there are two strictures, and a drop of blood has followed the withdrawal of the instrument, it would have been judicious to begin with 21 or 22; but certainly no larger instrument ought to have been used than a 25 Fr.; even that could not be expected to pass the spot, which admitted only a No. 19. The number 30, used in this instance, was four to five sizes too large. If I understand the case correctly, the first stricture admitted only a No. 23, and that five weeks ago. The largest instrument used in dilatation was a No. 20 Fr. But it seems that my supposition and calculation are right when we find that at the next seance 22 Fr. bulb, four milliampères, four minutes, "passed easily."

On April 23d, five different instruments were introduced at one sitting, and it seems with four instruments the electric current was used; such procedure is against any rules, and may cause a failure in almost every case. In one of my rules it is distinctly laid down that in one sitting only one instrument should be used.

Case III is such, that it is not fair to prove anything either way. On *February 23d* the report is entered, "mistaking the number, I try with *some* "*force* (Italics are mine) to pass 21 Fr. "soft (instead of 12); it will not go, "but dilates the stricture. So that "16 Fr. bulb enters anterior stricture "and allows me to use four milliampéres "for six minutes, with a trace of blood. "—Retention of urine for 24 hours "after last sitting." The question arises whether the retention of urine was caused by the force used, or by the electricity, or arose from other causes. Dr. Keyes says: in this case, therefore, retention of urine was produced by the treatment, in which I fully concur.

Case IV seems to show that the electric treatment did some good, and enlarged the calibre of the urethra. But the report closes as follows: "In this case urethral fever, laying the patient up in bed, was produced by the electricity, with retention of urine and great pain and distress:

Questions:—What reason has the reporter to state that all the distress was caused by electricity? Is it not a fact that as a rule urethral fever and chill is produced by the handling of instruments in the urethra after any method of treatment? Do experts in electricity sometimes or often cause urethral fever? By what authority is it stated that electricity creates or even *can* create urethral fever?

Is not vesical tenesmus a common symptom of cystitis? Is there any tangible proof in this case that electrolysis must be called a failure?

To-day Mr. C., one of my patients from Texas, told me that he had been treated for stricture by surgeons of international repute, by urethrotomy, divulsion and dilatation, and that such treatment was followed often by chills and fever, and twice by blood-poisoning, which once laid him up six weeks; then adds that my applications of electrolysis never caused any unpleasant symptoms, even without having taken quinine.

Case V.—"Patient had to use a catheter in order to urinate, while a 19 Fr. blunt steel sound entered the bladder. Only one application of electrolysis was made. Retention followed electricity, and two days later perineal swelling and great local tenderness, making it difficult to walk."

In this case the electricity nearly produced perineal abscess, and was abandoned.

Comment.—The history shows that the patient had retention before electricity was used. If a catheter No. 19 passed into the bladder, it certainly shows that the calibre of the urethra was large enough for voluntary micturition; but the patient could not urinate and had to use a catheter. Does that fact not prove that the retention was due to a pathological condition of the bladder, and not to the existence of a stricture?

Notwithstanding these facts the reporter accuses electricity, which was

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applied only once, of having caused retention, perineal swelling, of *nearly* producing perineal abscess. How are we able to ascertain a nearly produced perineal abscess? I presume the gentleman possesses a "divining rod," which I "frankly" confess I have not.

In Case VI we find decided improvement after the use of electrolysis; in fact, a cure is admitted. But in the same breath the reporter almost apologizes for the patient's cure, and he then concludes that there had been no stricture, and if it was a stricture, it must have been a spasm of the bladder. What this all means I cannot understand. I understood Dr. Keyes to say that he investigated and tested electrolysis in strictures; therefore I expected him to select cases of organic strictures for his experiments. Certainly, he must know whether he has to deal with a stricture or spasmodic action. In the case under consideration he selected it, the electrolysis was tried, and after it had benefitted he tells us, "Oh, that was no stricture!"

In Case VII the electrolysis is used only *once*, for seventeen minutes, and no after *effect* of a disagreeable sort from the electricity. Patient is frightened, and desires to enter a hospital.

I cannot see that this case, with so meagre a record, can be admitted as a proof, pro or con.

My connection with cases 8 and 9 has been fully given. In Chapter I, of the remaining seven cases in Dr. Keyes' statistical table, we find one case, No. 6, acknowledged as "cure permanent;" and the result of the other six cases summarily dismissed with one stereotyped word—"failure." Two of these cases had just *one* electric application (Cases V and VII).

Please observe my summary of the seven cases given above in detail:

3 cases were not treated according to my rules. In cases 1 and 2, too large electrodes were used in the beginning, and in case 3 force by mistake was used.

2 cases (5 and 7) had only one electrolytic application.

1 case (No. 4) is doubtful throughout, as it is not shown how urethral fever and chill was caused.

1 case (No. 6) is permanently cured. Total, 7.

This is the result in brief of Dr. Keyes' impartial, unbiased investigation of electrolysis in the treatment of urethral strictures. This he concludes with the scientific remark, complimentary to all promoters of my method and reporters of successful cases, as follows:

"My study of the subject and the experience it has brought me, digested with all the impartiality I possess, lead me to state that the allegation that electricity, however employed, is able to remove organic stricture radically, lacks the requirement of demonstration. The confidence of its advocates that it will radically cure organic fibrous stricture is, in my opinion, due either to the combined credulity of the patient and imagination of the surgeon, or to some special but fortuitous act of Providence, upon the co-operation of which, in the case of his own patients, the general practitioner cannot with any confidence rely."

Therefore, it follows that Dr. Keyes' unfavorable report of seven cases stands as a fact for ever, like the Holy Bible; whereas the favorable reports of hundreds of cases by many medical men in different parts of the world are not worthy of belief, and are all "imagination." I am not disposed to quarrel or to argue about such a conclusion. Let us be good-natured and agree. I agree perfectly with Dr. Keyes that he has failed in his seven cases with electrolysis, and I cannot help admiring his truth and honesty in publicly acknowledging his failures. Certainly, patients who want to be treated by electrolysis will not go to Dr. Keyes, but to those who succeed with electrolysis. We know of many who do succeed, and about them I must say a word.

As a general rule, my method of electrolysis in urethral stricture has been accepted and practised in almost all parts of the world. All possible and even impossible objections made have been answered and shown to be groundless. In an editorial of the *New England Medical Monthly*, December, 1887, a long list of successful operators was published. Some failures have been reported; generally good reasons existed, why the attempts proved abortive (as stated above). In fact, it is wonderful that we do not hear of more failures,

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for, since the method has been more generally known and tried, some enterprising manufacturers have sold my electrodes by thousands.

Many purchasers had not the slightest idea how the instruments were to be used, and thought that a fine instrument case made the possessor an operator. So far, in every case of inquiry from any physician, I have always given information, personally or by letter, and with all possible courtesy made demonstrations. Nothing has been kept back; all is open to the profession. But it is impossible to go over the same ground with every physician in the United States; there must be a limit to it. Extensive correspondence about the matter, many cases treated for charity's sake, and demonstrations for 19 years past, have worn on my system and vitality; but it has been done cheerfully for the general good. I was always ready to work again, and by any test to convince the incredulous investigator. All I asked was that trials should be conducted fairly and impartially. While I am writing, an article just published in the *International Journal for Surgery and Antiseptics* comes to my view: "Why Electrolytic Treatment of Stricture does not succeed in all hands." In it, the author, Dr. T. C. H. Meier, has so clearly described, pictured, the causes of failure far better than I could, that I feel inclined to quote from him; but as I fear this paper is already long, so that it may tire the reader, I can do no better than to refer to it; it is worthy of perusal.

As so much has been said about failures, we must devote now a chapter to

SUCCESS IN ELECTROLYSIS.

I myself have practiced this method successfully for nineteen years, and off and on have honestly reported cases which were complete for such purpose. Hundreds of cases could not be used for publication, because the cases were too incomplete; many having been seen only once in consultation, or operated on only once or a few times; many were lost sight of, and almost all of the charity cases in hospital and dispensary were even unknown by name. But the two series of one hundred cases each will stand on record, as I had previously reported cases in detail. The first 100 cases were selected particularly to show that no relapse had taken place; they were not consecutive cases, but collected from consecutive cases to meet the following conditions: The patients were to have been under treatment regularly for a reasonable time; they were to have been discharged as cured, or at least so improved that the patients were content with the result, and did not wish any further treatment or improvement; they were to be cases that were heard of afterwards, by reliable information, and mostly re-examined; a reasonable time having elapsed between the discharge when cured and the re-examination, which in these cases were respectively three to eleven years.

The proof of "no relapse" was that the same sized sound was used in the re-examination which passed the last time at the close of the treatment. In the report of my second 100 cases I have omitted under result the word, "cured," purposely, because there is a diversity of opinion as to the meaning of the word "cure." Some surgeons insist that there cannot be a cure admitted unless the urethra will admit No. 40 sound, and we have seen that the cutting has even been extended to a No. 44. My idea of a cure was, however, when patients were dismissed, or stopped treatment themselves because they felt comfortable and well, had a calibre of the urethra which enabled them to void freely a good sized stream, and, if wanted, could exercise sexual intercourse. Therefore, to suit my fastidious friends, I omitted the word "cure," and instead stated to what degree they were improved, and the size of the number to which the calibre of the urethra had been enlarged, etc. For the details of such results, I refer to the original papers, "Tabular Statistics of One Hundred Cases of Urethral Strictures Treated by Electrolysis," *New England Medical Monthly*, August, 1885, and "Synopsis of the Second One Hundred Cases of Urethral Stricture Treated by Electrolysis, with Cases," *Journal of the American Medical Association*, September 24 and October 1, 1887.

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I am well sustained in my report of several hundred cases in a record of numerous cases by an array of physicians from all parts of the world, among whom I will mention, Drs. W. F. Hutchinson, T. F. Frank, David Prince, Jacob Butler, J. M. Glass, A. T. Douglass, D. O. Farrand, A. J. Wolff, J. B. Green, G. C. H. Meier, F. F. Dickman, R. J. Nunn, T. F. Sanders, J. Craft, A. J. Wolff, Jr., W. C. Wile, Benson, Edw. J. Smith, R. W. St. Clair, J. H. Kellogg, G. W. D. Patterson, T. H. Burchard, L Wolf, J. J. Berry, W. T. Belfield, Geo. E. Pitzer, C. A. Bryce, G. W. Overall in the United States; next comes Canada with Drs. C. R. Dickson, J. J. Cassedy, A. Lapthorn Smith; and eminent surgeons in Great Britain; among them are W. E. Stevenson, W. Bruce Clark, Edwin Morton, T. J. Hayes, T. Swinford Edwards, etc. A recapitulation of this bibliography is also in a *New England Med. Monthly*, December, 1887. Suppose now that some cases have been reported prematurely as success in an overflow of enthusiasm—I do not say they have, I only suppose that it may have happened—suppose even that some have suffered a slight contraction in after years—there are certainly enough left by hundreds of cases, and if tabulated they probably will swell to thousands, which stand as a solid phalanx, as an unquestionable proof of success, which cannot be overcome by a few failures, even if such cases were fairly conducted according to established rules of surgery and electricity.

Successes of electrolysis in urethral strictures are on record in abundance, as stated above, and at the present time more documentary evidence is received, which I intended to incorporate here; but the article will be too long, and I reserve most for another occasion.

I conclude by giving two letters, which have been sent to me by Dr. W. C. Wile; one his own statement of what he has seen about my treatment, and what he himself has done; and the other from an appreciative patient, who himself is a physician of standing, in active practice, and certainly knows what an organic stricture is, and how the treatment has affected him.

DANBURY, CONN., Nov. 24, 1888.

My Dear Doctor:—In reply to your courteous note of Nov. 24, I will state that I have seen cases successfully treated by you. Cases of stricture of the urethra which I have examined before and after treatment. I *know* organic stricture existed and that they were cured.

2. I have already treated about 50 cases myself, and all except sphincter stricture, and this due to masturbation or of neurotic origin, have been either cured or so much relieved that all the objectionable symptoms have disappeared and the patient passed a full stream with no inconvenience whatever, and gave up the treatment of his own accord. This I consider one of the greatest drawbacks to electrolysis, that the treatment is so painless, and the relief so sudden, that patients consider themselves well before they are. Consequently, there is re-contraction and the case is counted against the method by those who oppose it. Last Wednesday evening, before the Danbury Medical Society, I read a paper on this subject, challenging Dr. Keyes' conclusions, and demonstrating its utility by operating upon a patient of Dr. Brown's of this city, passing with the galvanic current in fifteen minutes a No. 20 electrode, where three weeks before, when Dr. Brown brought him to me, we could with the utmost difficulty pass a filiform bougie—this demonstrating by test, in four seances I had dilated painlessly from almost nothing to a No. 20 French.

The patient was a hack driver, and, according to his own history, given that evening before twenty or more physicians, he had *never had a moment's pain or inconvenience, and had attended to his duties right straight along.*

Now, if electrolysis can do no more good for this man than what has already been accomplished (and I know it will cure him), by what other methods, in the hands of even the *Electrolysis failer*, Keyes himself, can so excellent a result be accomplished without an operation which would lay him up? I await an answer. I have on the table before me a letter from an eminent physician of Maryland, who came to me while in Philadelphia, for a stricture

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which proved to be two inches and one-quarter long.

He is 67 years old, and it took me seven seances with a No. 11 French tunneled electrode, threaded on a filiform bougie, the largest instrument that could be introduced at the time of my seeing him. It took him three minutes and a quarter at that time to micturate. In reply to a letter from me immediately after the Keyes' explosion in Washington, he says:

"October 1, 1888.

"*Dear Doctor*—Your favor of — was received, and I was glad to hear from you. I have been thinking of writing to you for several months, but have been so on the go that I neglected it. I have been gone most of the time since early summer, and arrived home a few weeks ago from an extended tour through Canada, the White Mountains, etc. I think (thanks to your skilful treatment) I am perfectly well of the stricture. Have not used the battery for four months; but pass No. 30 electrode every six weeks, without the slightest trouble, and without meeting with the least resistance anywhere in the urethral canal. If I did not know from previous experience, I could not tell in what part of the canal the stricture had been located. The stream is round and full; all irritability of the bladder is gone; and what is best of all, I have not had an attack of the gout since the first seance, which is now over fifteen months; having never had over four months to elapse without an attack previous to the electrolysis, for the last three years. Of course, I cannot say positively that the removal of the stricture, which was hard and dense, and had existed since 1860, is the reason that I have been exempt from the gout; but I firmly believe it. My feet are not now tender at all, and I can wear shoes as tight as I could in my boyish days. I have not been travelling for my health at all; but for pleasure and the gratification of my better half. I never used more than seven cells; and, after twice using seven, never went beyond five. The last time I introduced the No. 30 electrode, which was a week ago, nine weeks had elapsed since its previous introduction, owing to being away; but I did not encounter the slightest trouble, pain or inconvenience on its introduction, and did it as quickly as you could introduce an ordinary catheter into a perfectly normal urethra. Of course I mean I did it without using the battery at all. When you consider how dense and hard and long standing the stricture was (over twenty-six years), and how the smallest electrode could not be passed, and even found it difficult to pass a filiform bougie, I think the results have been *simply marvellous*. And no matter what is said or who disputes the efficacy of electrolysis in urethral strictures, I will swear by it every time; for facts are stubborn things that cannot be ignored, and have been proved beyond the shadow of a doubt, *under my own observation and in my own person*. I am satisfied that, to accomplish the best results from electrolysis in urethral stricture, the seances ought not to be very close together. I should say two weeks, unless circumstances were such that the patient could not be gotten at at pleasure."

It will be seen that I withhold the gentleman's name, but the case can be vouched for by Prof. Shoemaker, of Philadelphia, and if Dr. Keyes is still *investigating*, and would like to see a Simon pure case in the person of a most accomplished physician of large experience, and wants to get at both facts, I shall be only too glad to furnish the name and address to him.

W. C. Wile.

Danbury, Conn., Nov. 26, 1888.

An abundance of more evidence is on file.

68 W. 36th st., New York, Dec., 1888.

TRANSLATIONS.

HYGIENIC REFORM IN FRANCE.

According to the *Journal d'Hygiene*, the following projects are contemplated in the scheme for reorganizing public hygiene in France:

Obligatory vaccination.

Medical inspection of schools, organized obligatorily.

Physicians will be obliged, under prescribed penalty, to make known the causes of death, and to report to the

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authorities cases of contagious and transmissible disease.

Sanitary expenses obligatory upon the departments and the communes.

The right given to the authorities to cause to be executed, at the expense of the individual or of communities, hygienic works recognized as indispensable to the public health by the new inspectors of hygiene.

Previous approbation of competent hygienic authorities to be secured for the construction or alteration of dwellings. The architect is to be held responsible for the execution of the measures prescribed.

Responsibility of the heads of public or private establishments, of masters of hotels, proprietors of furnished houses, etc., in case of failure to report to the Bureau of Hygiene on the appearance of zymotic disease.

The editor, M. Pietra-Santa, looks upon these propositions as despotic, trespassing upon the rights of property and the liberty of the heads of families. He urges instead the enforcement of the law of 1848, with such amendments as will render it more efficient; and compares this scheme with that of the government as follows:

"On one side is regulation pushed to the last extent, authorityism, arbitrariness, and the abuse of functionarism.

"On the other is private initiative, the instruction and education of the masses with their consequent approval, and the liberty of citizens."

PASTEUR'S METHOD.

A physician of Warsaw, M. Bujioid, has furnished some evidence in support of Pasteur. M. Bujioid spent some time in Pasteur's laboratory, and on his return to Poland set up a Pasteurian establishment. He inoculated 104 persons by the simple method. Of these one died, a child, who had been bitten by a dog of doubtful antecedents.

Somewhat daunted by this death, and by reading the work of Frisch, the Polish physician applied to a new series of 193 persons a more attenuated treatment. Of these, eight died of rabies. He then bravely began the intensive method of M. Pasteur, and, out of 370 persons bitten by rabid dogs, none died. In the same period there were in Warsaw eight deaths of rabies of persons who were not submitted to Pasteurian treatment. —*La France Méd.*

CONTAGION OF TETANUS.

M. GUERIN believes that the lesion of tetanus is an acute localized myelitis. The inoculability of tetanus has been demonstrated, but it has not been shown that the agent is a micro-organism. If the disease be due to a microbe, it is necessary to protect the sick in hospitals against it. But neither the cotton dressing nor that of Lister protects against tetanus. The cause of this disease is not, then, modified by antiseptics in the least. The agent causing tetanus is a poison analogous to curare, not transportable by the air. Tetanus is to be put in a class by itself, among contagious affections, or it will negatize the antiseptic method.

—*La France Méd.*

NEW OPERATION FOR PROLAPSUS UTERI.

TERRIER claims to be the first who has practiced an operation which he has just made known to his colleagues. This consists in the application of Sænger's operation to uterine prolapse. The woman who was the subject of the observation was affected with hypertrophy of the uterus, and considerable prolapse. He made a laparotomy of 7 to 8 centimetres, seized the fundus uteri, and lifted it up. Then, by the use of four ligatures traversing the abdominal wall and the body of the uterus, he fixed the anterior face of that organ to the parietes of the abdomen. The abdominal wound was united by deep and superficial sutures. The patient went out three weeks after the operation, and on her return, later, showed a neck 8 centimetres distant from the vulvar ring.—*La France Méd.*

NITRATE OF CYTISINE.

PREVOST and BINET (*Revue Méd. de la Suisse Romande*) published last year an account of their studies of cytisus laburnum; in which they determined that this drug is a good emetic, acting on the nervous center, better and quicker when given hypodermically; and in large doses having a motor paralysant action analogous to if not identical with that of curare.

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The same observers have now repeated their experiments with the nitrate of cytisine; confirming the results above stated in most particulars. With cytisine, the vagus is paralyzed before the other motor nerves, though when the extract of cytisus was employed, this nerve resisted its action longer than the other nerves. In contra-distinction to the observations of Kobert and Radziwillowicz, they have not observed anything resembling strychnism.

The hypodermic injection of small doses causes vomiting in animals which can vomit; and in larger doses a peripheric paralysis of the motor nerves, analogous to that produced by curare. Death occurs in animals by asphyxia, preceded by fibrillar contractions of the muscles and sometimes by clonic convulsions.

Elevation of arterial pressure for some seconds follows the intravenous injection, but not the administration by the skin or the peritoneum; even in toxic doses.

IODOFORM TOXÆMIA.

La France Médicale reports two cases of iodoform poisoning, which presented symptoms resembling meningitis. The iodoform was used externally as a dressing after operations on children. Both cases recovered.

This enables our Hahnemanniac friends to claim the cures resulting from the use of iodoform in meningitis as strictly homœopathic.

THE ALKALOIDS OF COD-LIVER OIL.

GAUTIER and MOURGUES have found in cod-liver oil six toxic leucomaines; butylamine, hexylamine, amylamine, hydro-dimethyl pyridine, aselline, and morrhuine.

Aselline is not abundant, and only acts in large doses, producing stupor, fatigue, and dyspnœa. Three milligrammes of the chloro-hydrate killed a green finch in fifteen minutes.

Morrhuine is quite abundant, as a teaspoonful of dark oil contained 2 milligrammes. Given to guinea pigs and to birds, as a chloro-hydrate, it proved stimulant, diaphoretic, and especially diuretic, a guinea pig weighing 250 grammes having lost 13.5 grammes in two hours, after taking 29 milligrammes of the alkaloid hypodermically.—*Revue de Thér.*

EMPTYING THE URINARY BLADDER BY MANIPULATION.

THE practice of emptying of their contents any of the cavities provided with natural or artificial openings —uterus, abdomen, cystovarium, abscesses, etc.—by manual compression, has been long known and understood; but it seems thus far to have occurred to no one to apply this method in the case of the urinary bladder. The most diligent search through the accessible literature, medical as well as surgical, furnishes no reference thereto, and yet the method is as simple and easy as can be imagined.

The author has practised this method upon several patients suffering from paralysis of the muscular detrusor urinæ in two ways. The patient is made to lie on his back with the legs drawn up. Are these paralyzed, as so often occurs with this trouble, they must be held in position by a third person. The manipulator takes his place at one side of the bed, facing the patient, places his right hand upon the left, and his left hand upon the right side of the patient's abdomen, along the median line, in such a manner that both thumbs, their points turning toward each other, come to rest over the symphysis pubis, and the other fingers grasp the vesical globe from above, and then presses steadily downward and backward in such a manner that the points of the fingers pressing down approach more and more closely the points of the thumbs. Through this pressure, executed in a direction toward the lower rim of the symphysis collum vesicæ, the bladder is continually diminished in size, while the urine, often in a rattling stream, issues from the urethra. When the bladder has been partially emptied, the fingers of both hands must be made anew to press more deeply downward and backward, where now the contour of the bladder may be distinctly felt, and according to its position the direction of the pressure may be modified, until the viscus is entirely empty.

In the other method, the back is turned toward the patient, and both hands, the right to the right and the left to the left of the median line, are placed in such a manner that their

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ulnar side touches Poupart's ligament, and the points of the fingers, turning towards each other, are made to lie over the symphysis, whilst the thumbs, grasping the distended bladder from above, now execute the pressure as described above. Thus the two methods complement each other—when weariness occurs the one way, the position may be changed. With concurrent paralysis of the sphincter ani the intestinal gases are also expelled through the pressure.

The operation is indicated, if at all practicable, where hitherto catheterization has been practised. With an overdistended bladder caution is commanded, and if slight pressure proves insufficient, the catheter must be preferred in order to avoid rupture of the bladder. Pregnancy and inflammatory and painful abdominal affections are contra-indications. The operation is rendered difficult, and sometimes impossible, in cases of obesity and abdominal tumors. It is most practicable in those cases where it is oftenest required, *i. e.*, in paralysis of the detrusor urinæ, existing either uncomplicated or in connection with other paralysis, as in affections of the spinal marrow with relaxed abdominal walls. In paresis of the sphincter concurring with enuresis the operation retains its value, because in spite of the continuous dribbling of urine the bladder still fills up to a certain degree. Whether, also, spasm of the sphincter colli vesicæ may and can be overcome by this manipulation the future must show.

This operation presents essential advantages over catheterism. It is painless and not dangerous. An important advantage under certain circumstances consists in the fact that an intelligent layman can be entrusted with its execution, and thus a more regular and frequent micturition be secured than with catheterism, where the physician himself must always be on hand. The chief advantage consists in that no instrument is introduced into the bladder, and thus a decomposition of the urine be produced, as so often happens in spite of the most painstaking cleanliness and antiseptic precautions.

—*Berl. Klin. Woch.*

BUNIONS.

SALEMI recommends the application of pure carbolic acid, liquefied by heat, to bunions. The foot is to be first washed, soaped and dried. The acid is then applied lightly, care being taken not to touch the surrounding skin, and after a few moments the surplus acid is removed by a bit of blotting paper. The bunion should first be surrounded by a ring of elastic collodion to protect the sound skin.—*Bulletin de Thér.*

FOR CHILBLAINS.

℞ Adipis.....ʒj
Ext. opii.....gr. iij
Liq. plumbi subacet.....gtt. xij
Creosoti.....gtt. x
M. S. Apply thrice daily.—*Devergie.*

FOR ACUTE CORYZA.

℞ Aquæ destill.....ʒss
Alcohol.....ʒss
Acidi carbolici.....ʒss
Menthol.....gr. iv
Ammoniac.....gr. xxv
M. S. To be inhaled.—*Cozzolino.*

FOR VARICES.

℞ Barytæ chlorid.....gr. xxv
Aquæ destill.....q. s.
Lanolini.....gr. cxxv
Ol amygdalæ dulc.....gr. lxxv
M. Dissolve the baryta in distilled water by agitation, and add the fats. S. To be rubbed thrice daily over the dilated veins.—*Kobert.*

HOSPITAL NOTES.

PHILADELPHIA HOSPITAL.

EMPYEMA FROM SPINAL DISEASE.

J. C. WILSON, at a recent clinic, presented the right pleural sac and portion of the dorsal spine of a young negress who had died two days previously in his medical wards. The patient was aged 34 years, had been married, and was the mother of several children. She had been ailing for some months with pain in back and right side, with cough. On the 3d of November she was admitted to hospital quite ill, and unable to lie down. Her pulse was 140, and respiration from 40 to 60 per minute. On examination it was found that she had a moderate amount of spinal curvature (kyphosis), which, she stated, had existed from childhood. Her heart was normal, no murmur being present; the sounds were, however, slightly displaced to the right side. Examination of lungs revealed

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the following condition: Left lung, some increase in vocal resonance and respiratory murmur, with friction rales at base. Right lung, at apex, tympanitic resonance, below, some dulness on percussion; respiratory movement diminished, as were vocal fremitus and resonance. Over the tympanitic portion a few mucous rales were heard on auscultation. During life the diagnosis of empyema was made, which was fully borne out by the pathological evidences exhibited.

It was evident there had been a purulent pleurisy communicating with a bronchus by means of a fistulous opening. This explained the paroxysmal attacks of purulent expectoration occurring during lifetime. There were universal adhesions of the pleural sac, with the formation of a large pus cavity in the lower lobe of the right lung, which had been set up by the carious condition of the spine. On different occasions aspiration removed large quantities of pus and gave the patient much temporary relief. Although the most careful examination failed to reveal the existence of pulmonary tuberculosis during life, the lining membrane of the pus cavity was found, *post-mortem*, to be studded with gray granulations.

Wilson considered the case of very great interest, as showing how caries of the spine may set up an empyema.

MEDICO-CHIRURGICAL COLLEGE.

HOW TO GIVE QUININE IN MALARIA.

WAUGH says: Begin with a large dose, say 15 or 20 grains a day until singing in the ears is produced, then reduce the dose gradually. In some cases this drug does not seem to produce its effect until the liver has first been acted upon. With that object I generally prescribe 20 grains of blue pill before using the quinine. You will often get a better result from cinchona than from quinine alone, as it has all the four alkaloids present; but as it is an unsightly and unpleasant dose, we only give it when the quinine fails.

IODIDE OF POTASSIUM.

WAUGH, in discussing the action of this drug before his clinic, stated: you can always tell when your patient has had enough by the hyperæmia of the conjunctiva and Schneiderian membrane. It is a debilitating drug and will often produce depression with loss of muscular power. In syphilis, however, it seems to act as a tonic—the patient puts on flesh, and the iodide seems to spend its energies against the poison in a way I believe to be peculiar.

COLLAPSE.

During or after an operation, when the patient shows signs of collapse, Montgomery says that a good though paradoxical way of treatment is to place an ice bag against the back of the neck. Such an effect is produced on the sympathetic system that the pallid face and lips, as well as other parts, are almost immediately suffused with blood.

FRACTURE OF THE HUMERUS.

In treating a fracture of the upper third of the humerus, there should be in addition to the shoulder joint splint an internal angular splint. If the arm is also bound to the side, the result will almost invariably be good.

—*Godfrey.*

ASCITES.

This is found in patients who are already much weakened by the causal disease; therefore give no evacuants to deplete the patient and weaken him still more. Give him tonics. Besides this, put him on a diet as nearly absolutely dry as is compatible with existence. I know of a man who claims that he had not drank a drop of any kind of liquid for five years. And again, do not tap unless the patient is suffering too greatly from dyspnœa. In this event draw off a half-pint or a pint of the fluid; not more, for this will give as much relief as taking away a gallon; and as the evacuated fluid will in time be replaced by further transudation from the bloodvessels containing the life-giving albumen, conservatism suggests that we take away as little fluid and as seldom as possible.

The exceptions to this rule are in ascites from chronic peritonitis or from early ascites, in which tapping with antiseptic drainage of the peritoneal cavity has proved curative. In the last stages of cardiac or hepatic ascites,

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where tapping must be done often, I have given great relief by drainage.
—*Waugh.*

TUBERCULAR PERITONITIS.

WAUGH succeeded in bringing through a case of alleged tubercular peritonitis by the following treatment, which he learned from McCall Anderson: Double blankets met from above and below in the middle of the abdomen; over the abdomen was laid a heavy woolen cloth of four thicknesses, saturated with ice water. A nurse sat by the bedside, and every minute the blankets were thrown back, the cloth removed, quickly dipped in a tub of ice water at hand, wrung out, and at once replaced; the blankets meanwhile having been put back over the abdomen. This was continued for half an hour, and then suspended for an hour and a half; only to be repeated every time the temperature rose above 99°. The patient's strength was kept up by liquid peptonoids, cod-liver oil and the phosphates. He says that opium has never in his hands saved a case of acute general peritonitis.

The method given above of reducing fever he considers most excellent, as the temperature can be kept down just where the physician may wish; the reduction can be stopped the moment the desired temperature is reached, and there are no drugs in an enfeebled stomach to annoy the patient still further.

CORNS.

A good salve is made of equal parts of salicylic acid and lanoline.—*Shoemaker.*

BROMIDE OF ETHYL.

MONTGOMERY likes bromide of ethyl as an office anæsthetic, for these reasons: It requires but a small amount to produce anæsthesia; the patient is quickly and quietly placed under its influence; nausea following its use is of extremely rare occurrence, and he considers it far safer than chloroform. He makes a habit of using the bromide of ethyl in his obstetric cases.

STIFF JOINTS.

For stiff and creaking joints due to deficient synovial secretion, GARRETSON finds this simple electrical apparatus of value: Put about the joint several elements, each composed of a thin sheet of copper and one of zinc, having between them a single thickness of flannel saturated with vinegar. Do not leave these on too long or they will blister.

FOR A COLD.

"Doctor," said a woman to Waugh, "how does it come that you teach your students the way to treat all sorts of strange diseases with horrible names, that nobody ever has, and yet do not tell them how to cure a cold?" "Well," said Waugh in relating this, "a cold is not the easiest trouble in the world to cure, but if early taken in hand it can generally be stopped. Should the cold begin in the pharynx, you will usually find a small inflamed, burning spot as the first sign. The cold may be aborted by touching this spot with arg. nit. gr. v to ℥j. If the inflammation is general over the pharynx, the "diphtheria mixture" (No. 545) will usually bring it to a sudden end. If the cold is a coryza, try the nasal douche of a pint of hot salt water every time sneezing comes on; or small doses of morphia, gr. 1-10 to gr. 1-8, every two or three hours; or give a good purge and allow the patient to drink no liquids. Jaborandi, too, is often successful, as is also a pill of camphor and opium.

CHRONIC PNEUMONIA.

For a case of chronic pneumonic phthisis, Waugh advised painting over the affected part every three days with iodine; keeping the bowels well open; Niemeyer's pill for the heightened temperature; plenty of phosphates and cod-liver oil; and that the patient wear warm clothing.

COD-LIVER OIL.

Speaking of this valuable substance, SHOEMAKER showed a specimen put up in a stone bottle by a Philadelphia firm. Stone bottles are used because it has been found that cod-liver oil deteriorates on exposure to the light.

WEAK SKINS.

The skin is an organ; and physicians, though knowing that weak hearts and weak lungs are hereditary, often fail to recognize the fact that weak skins are also inherited. —*Shoemaker.*

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EXTRAORDINARY TEMPERATURE.

WAUGH showed at his clinic a boy of seventeen (whose case will probably be given more fully later) with a temperature surprisingly low. During the preceding week it had varied from 97.5° to 92.6°. This last temperature was verified by four thermometers, and is the lowest Waugh has ever known a human being to have and survive.

VENEREAL WARTS.

For a corona of small warts just back of the glans penis, and traced to the irritative action of the vaginal secretions on a surface weakened by too much venery, Shoemaker gives the following dusting powder, and insisted on continence for at least three months:

℞ Hydrargyri chlor. mitis....3 ss
Acidi tannici.....gr. xx
Bismuthi subnitratis.....3 ss M.

IVORY EXOSTOSIS.

The patient, a woman of forty, had in the inner angle of the left orbit, mainly at the junction of the frontal with the nasal bone, an ivory exostosis of about an inch and a half in diameter and half an inch thick. Keyser made an incision from within out through the eyebrow, so that no scar would be left, and dissected back the soft parts, exposing the growth. With the chisel and mallet he succeeded in entirely removing the mass; the especially delicate part of the operation being to remove the growth without destroying the pulley for the superior oblique. The operator said this was only the second case of the kind he had ever seen.

UNIVERSITY HOSPITAL.

CYANOSIS WITH HEREDITARY CARDIAC MALFORMATION.

PEPPER recently brought before his clinic a case of cyanosis which he considered unique, having regard to the family history. The patient was a child three years of age. Its brother died of cyanosis at the age of seven months, and two uncles suffered from the same disease.

When the child was a year old, blueness of the face and extremities began to show itself. The hands and feet were cold and clammy. The fingers and toes were bulbous from prolonged venous congestion. The cyanosis became very much worse if the child ran about or became excited. Pepper regarded the case as one of cyanosis proper, and, in reviewing the points of clinical interest it possessed, said it was due to a serious derangement of the central circulation, and was nearly always attended with malformation of the heart. It became manifest soon after birth, and was progressive to a degree that it interfered very much with the longevity of the patient. Attention was drawn to the fact that if a fœtus gets heart disease, it was apt to occur on the right side; and it may be accepted as a general rule that fœtal heart disease was right-sided, extra uterine heart disease being left-sided. Owing to defective oxidation of the blood the patient was of feeble vitality, and subject to intercurrent diseases. Examination showed hypertrophy of the right ventricle with systolic murmur in the pulmonary area, and every evidence of fœtal endocarditis.

A very unfavorable prognosis was given. As to treatment, absolute rest, the utmost precautions against cold or exertion of any kind were prescribed, and as it was thought the disease was the result of syphilis in a generation back, $\frac{1}{100}$ grain of the bichloride of mercury was given three times a day in interrupted courses.

MITRAL STENOSIS FOLLOWED BY RIGHT HEMIPLEGIA AND APHASIA.

PEPPER exhibited a middle-aged male with history of long-standing heart-disease and pulmonary obstruction. A well-marked pre-systolic murmur with precordial thrill was evident on examination. In October he was suddenly attacked with right hemiplegia, with loss of consciousness and aphasia, which Pepper considered were caused by an embolism—a vegetation being swept off the valve and carried into the circulation, lodging in the left middle cerebral artery, causing cerebral anæmia in the speech centre. A favorable prognosis was given.

EXCISION OF ELBOW-JOINT.

ASHHURST showed a patient, a male, aged 30, whose left elbow-joint he had excised some time previously for disease affecting the articular ends of the bones. The result was excellent. Al-

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most perfect motion was obtained by careful avoidance of the important tendons. The case was treated antiseptically, and recovered without a bad symptom.

GERMAN HOSPITAL.

URINARY FISTULA.

DEAVER presented a boy with a traumatic urinary fistula between the bulbous and prostatic portions of the urethra. The external opening was at the junction of the scrotum with the perineum.

Deaver ordered a bougie to be passed into the urethra to prevent stricture, and the fistula to be syringed twice every day with a solution of bichloride of mercury, 1–1000, and pressure to the parts applied by bandaging. If the patient should complain of pain on urination, he would enlarge the wound to prevent cystitis.

AMPUTATION AT THE KNEE.

DEAVER presented a patient who had sustained a compound fracture of the right leg near the knee-joint, and of two fingers on the right hand. Deaver performed disarticulation of the knee-joint and amputation of the two fingers. He spoke of the contraction of the posterior flap in knee-joint disarticulation, due to contraction of the two heads of the gastrocnemius, and says that it may be prevented by a straight posterior splint. The patella should always be left in place; it makes a better stump for the artificial limb.

CANCER OF THE TEMPORAL REGION.

DEAVER operated on a patient 72 years old, for carcinoma on the left temporal region, involving the upper part of the cartilage of the ear, and extending upwards and backwards. He removed all the involved parts, and then dissected the skin and superficial fascia down to the ramus of the inferior maxillary bone for a lower flap; then over to the frontal bone, and upwards to the parietal, being careful to include the superficial fascia, as this contains the nutrient vessels of the skin; then brought the flaps together within a quarter of an inch, inserted silver-wire sutures, and put on a dry dressing, after washing thoroughly and rendering the parts aseptic. Before the operation, he put cotton in the ear to protect the membrana tympani from the blood. One week later the patient was doing well.

After operations, Deaver gives about seven grains of carbonate of ammonia every two or three hours until the patient reacts.

HEMORRHOIDS.

DEAVER spoke about the different operations for piles and their treatment by injections of carbolic acid. He said that the danger of embolism may be avoided by holding the base of the pile with the finger and constricting it for some minutes after the injection is made. He further said that external piles are always accompanied by the internal variety.

Deaver says that external piles are fibromata formed by inflammation and proliferation of connective tissue.

Internal piles are aneurisms by anastomosis.

TYPHOID FEVER.

WOLFF says that in typhoid fever the ears are red; whereas, in malaria, they are yellowish. The treatment he laid down as follows: If the temperature does not rise above 103° he orders cold sponging three times a day; but if the temperature should rise to 105°, he gives antipyrin, gr. v, or antifebrin, gr. v, every three hours for two or three days. If, then, the temperature should still be high, he discontinues the use of these agents, because they depress the action of the heart too much, and resorts to the wet-pack.

Diarrhœa indicates a contamination of the whole system with the specific poison of typhoid fever. For this stage the antiseptics are indicated, and he gives naphthalin, gr. v, every three hours, and discontinues it as soon as the diarrhœa stops.

Constipation he relieves by enemas, and never allows feces to collect in the bowels.

To relieve the thirst, he gives sweet spirits of nitre, gtt. xl, in water, at a dose. For nutriment, he gives five ounces of milk, with a tablespoonful of lime water, every three hours.

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PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, DECEMBER 15, 1888.

EDITORIAL.

SPECIALISM.

IN the recent meeting of the American Academy of Medicine, Dr. L. Duncan Bulkley introduced the subject of the relation of specialists to the general practitioner. He pointed out that specialists are to be divided into two classes—those who limit their practice to their specialty, and those who engage in general practice and simply give special attention to one subject.

The future of the medical profession must depend largely upon which of these classes proves itself the fittest. If the latter predominate, the general practitioner will be forced out of existence, and the profession will be split up into a number of specialties without any central organization. This is perfectly evident to any one who will give the subject the slightest consideration. A and B are two practitioners having an equal amount of practice. A is, however, a gynecologist also. B sends his gynecological cases to A, who treats them, wins their confidence, gets credit, and thus makes a considerable hole in B's practice, while he sends B nothing in return. The latter is forced, in self-defense, to take up a specialty in his turn in order to hold his own against his competitor. Let this inevitable process continue, and we will have A, a gynecologist, persuading the community that the uterus is the source of all evil; B, an oculist, telling the people that astigmatism is the fertile source of all human woe; C, a dermatologist, deducing all internal affections from repressed cutaneous eruptions; while D, a rectal specialist, claims that excision of the anus is the only hope of suffering humanity. The ancient and honorable profession of medicine will closely approximate the status of the South street clothing merchants—each vaunting his own wares and decrying his rivals.

But if, on the other hand, the pure specialist survives (as seems probable from the fact that no physician who has any business capacity will let his patients go to the other class), it is no less evident that the more he concentrates his gaze upon a part of the body, the more dimly will the remainder become to him. The more strictly the specialty is limited, the more imperative it becomes that its devotee shall be associated with and guided by the general practitioner. Instances which demonstrate the truth of this proposition must occur to every physician; instances in which the most skilful specialist has erred in attributing to his pet organ affections whose pathology is totally diverse.

Such cases indicate the necessity for an authority superior to the specialist, and the consequent limitation of the latter to a subordinate place. The specialist must become a hand-worker, plying his art under the direction of the physician, who calls to his aid the manual dexterity of the one who has attained it by limiting his practice to a single disease or a single operation. If Apostoli declares in favor of electrolysis, which he practices alone, and Tait lauds laparotomy, which alone he understands, it is clear that neither of these gentlemen are disinterested judges; and the question of which should be employed must be submitted to the general practitioner, who performs neither operation, but sees the results of both and of many other methods.

But here we touch upon another question: Is the general practitioner

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qualified to fulfil this duty? If not, he ought to be so qualified; he *must* be, if he expects to hold his proper place in the profession. We are encouraged to believe that this will be the final disposition of the specialist, because we note that classical graduates appear to select the general practice; while the specialties are filled by those whose transition from mercantile pursuits are more direct. Perhaps this is a reason for the superior business qualifications of the specialists, who realize better fees with less labor than the family physicians, and who are popularly supposed to have a deeper insight into the ways and means of judicious but professional advertising.

ANNOTATIONS.

AS OTHERS SEE US.

Le Progrès Médical issues a students' number on November 10, in which may be found the fullest information concerning the medical schools of France, and something of other countries. It may be interesting to know how our Gallic contemporary views the state of medical education in the United States.

He says that the State exercises no control over the schools, which are due to private initiative. Students are attracted to a crowd of free schools, which are generally attached to hospitals which furnish clinical material. The rosters seem complete, but it is only a mirage; and the organization of the schools is in reality in a very rudimentary condition. American students are in a hurry to secure their degree; they count their time and money, and turn to the school which exacts the least. The entrance examination is wanting, or consists merely of a certificate in grammar; the final examination gives little guarantee of fitness. If one school exacts a high standard, the students desert it for more complaisant masters.

Such is the result of the abandonment of the student by the State; the free schools, obliged to meet their expenses out of the students' fees, are obliged to lower their standard to obtain enough students to carry on the course. It is true, some schools have added a fourth year to their course; but this is not obligatory, except at Johns Hopkins, which enjoys a large revenue from endowments. Other schools have endeavored to raise the standard by increasing the severity of the entrance examinations. Dr. Pepper has had the brilliant idea (which was put in execution by the Medico-Chirurgical College before the University adopted it) of filling this lacuna by instituting a special preparatory course in the natural sciences, algebra, and literature, and students taking this receive a special degree.

The students' day is well regulated and well filled; numerous demonstrators train the pupils and give them manual dexterity.

Once having received their degree, students do not turn their backs on the college, but return from time to time to take special courses of six weeks each. These post-graduate courses are imitated from the German polyclinics; they are very useful, and we regret that analogous courses are not given in France. There is no American physician who does not dream of a European trip to see the great masters; and few fail to realize this desire. We regret that it is not to Paris they come; but in Vienna they find an easy life, an enormous material for study concentrated in a single establishment; and instruction, very practical and very vivid, given in the polyclinics and numerous dispensaries, by eminent specialists.

While the organization of the American schools is imperfect and very rudimentary, nevertheless there are certain practices worthy of imitation; such as the methodical arrangement of the students' day, the weekly quizzes, directed by the professors' substitutes, and the six-weeks' courses for physicians desirous of overhauling their scientific baggage.

YEAST WILL RISE.

We have felt for some time that, in the progress of human events, it must be nearly time for yeast to come up again. Its cycle appears to comprise about eleven years; and it is about that

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long since we last heard of its wonderful curative effects.

In the *Deutsche Med. Zeitung* we see that HERR succeeds by its use in curing many infectious and parasitic maladies, such as scarlatina maligna, phthisis, infantile and typhoid diarrhœas, and even epithelioma of the tongue. VENTURA, of Teplitz, has also cured, by the same means, cancer of both breasts.

There is one thing to be said about the work of German scientists: it is thorough, and conclusions are only given after prolonged and most exact trials. For this reason, the results of German authors should be received as decisive. Observers on this side of the Atlantic, however, are too apt to rush into print with crude, ill-digested articles, in which the conclusions are unsupported by sufficient evidence.

THE GREAT BAZAAR.

The great bazaar held by the ladies of the Medico-Chirurgical Hospital proved to be a success—artistically, socially and financially. Much of this was undoubtedly due to the kindness of Governor Beaver and his wife, who came from Harrisburg in very unpleasant weather to open the bazaar. Much credit is also due to the managers, who showed that they possess among their own number all the varied talent necessary to make such an enterprise successful. And, finally, the large number of young ladies who acted as aides with so much grace completed the combination. It was a matter of common remark that such a number of lovely maidens as were wearing the aides' badges was rarely seen in even a Philadelphia assemblage. We were amused at the efforts of persons who were unaware of Philadelphia's resources in this respect to account for the unusual number of beautiful faces. One suggested that the draping of the hall was the cause; another that the lights, gas and electric, of various colors, made even a plain face attractive, etc.

In some respects this bazaar was unique. There was no "raffling," "chancing," or "contests." There was none of that annoying solicitation to buy which makes most persons dread the name of a bazaar. Instead of these, the managers provided first-class music, a series of tableaux of unusual effectiveness, and other attractions; and charged an admission-fee which insured a handsome profit; while visitors were left to buy or not, as they chose.

It is to be hoped that the coming fairs to be held this winter will imitate the Medico-Chirurgical in all these particulars.

THE MATERNITY HOSPITAL.

This is an institution designed to give unfortunate women a place of refuge in their time of trouble. Girls who are led astray by promise of marriage and then deserted are those for whom this hospital specially provides. That these women are not necessarily depraved, and that they are almost certainly driven from the pale of respectability and compelled to join the ranks of fallen women is well known. Here lies the reason for the existence of the abortionist. Unquestionably, were such institutions as the Maternity Hospital and the Nurses' Home better known and better supported, the temptation to fœticide would be decreased, and the damnation following a first false step less inevitable. The philanthropist could surely find here a suitable field for his benevolence.

One thing in the report before us calls for adverse notice. The number of cases treated during the year was 118; and the total outlay for all purposes was $6,854.18, a trifle over $58 for each patient. This seems like a large sum to be required for confinement expenses, when there is no physician's bill to be paid. It seems that some less expensive method should be contrived, and that patients in a special hospital should be cared for at least as cheaply as at their own homes.

In contrast with this, we note in a daily paper that an unintentional father was mulcted in the sum of $4.18, being *one-half* the expense of the confinement and the costs of the court.

DEGENERACY OF THE PROFESSION.

In a paper in the preceding number of the TIMES, Dr. Wilson discusses the degeneracy of the medical profession of the present day. He bases his views upon the difference in the respect paid the physician to-day, in comparison with that which was accorded him fifty years ago. He places the fault upon

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the physician himself, claiming that his methods of dealing with patients and brother practitioners is such as is calculated to win the contempt of the laity, rather than respect.

We can pick out individual instances on all sides which tempt us to say that the writer is correct. The physician of the day has not the dignity of bearing which characterized his grandfather. Worth does not show itself in his consciousness; he invites and merits the familiar title of "Doc." There is more of the merchant and less of the profession in modern methods; more learning and less reasoning in his practice.

Altogether the modern physician gets quite as much respect as he deserves—probably more. But in the suggestion of remedies, Dr. Wilson falls into the most grievous of errors. His way of winning respect is to charge more money and collect it more sharply; in other words, to apply still more the principles of the mercantile life to the profession.

We do not wish to be understood as denying that the physician who does not charge enough for his services will be held in contempt; but it is because he evidently does not respect himself or hold his own attainments or achievements in honor; and the keen-eyed man of the world reads him and takes him at his own estimate. Something more than a simple elevation of fees is requisite; something of which this shall be simply a necessary consequence. The true requisite is that the physician should learn to respect himself; to *deserve* the lofty position which his predecessors occupied in public estimation.

We do not believe, however, that the world will move backward; and we fear that with the air of dignified wisdom and the gold-headed cane, the public which was impressed by them has gone out of existence. This age respects nothing but force. Sentiment is a thing to be laughed at; conscience is what handicaps a rival; confidence in human faith and truth affords vantage grounds; pity depletes the rival's resources; success is the only standard by which men's actions are judged and means or methods are ignored.

It is pre-eminently a time when shams and disguises are out of place. Hard work and its results are all that win confidence. Instead of trying to bring back an impossible state of affairs we will win the respect of our patrons by doing such thorough work as will earn it.

OUR GIRLS.

One of our city journals gravely discusses the question of why the American girls succeed in marrying so many European noblemen. It is evidently a crusty old bachelor who writes thus, for nobody who knows the American girl could feel it necessary to explain her winning anything she sets her heart on. How the European nobleman succeeds in winning the American girl is what puzzles us.

A HYGIENIC CITY.

The North Carolina *Medical Journal* calls attention to the unusually low death-rate of Wilmington, N. C., during the past few months; the salubrity of this thriving city being due to the precautions taken to prevent an invasion by yellow fever. The streets have been cleaner than for years, back lots emptied of unwholesome accumulations, and alleys put in good order; while the odor of foul privies no longer poisons the night air. A clean town brings health and prosperity, at a slight expense to the public treasury. The *Journal* adds: "The public will, we feel sure, learn that a confiding and helpful assistance to the efforts of the health authorities is always to be met by the best efforts of these officials to prevent disaster, often too dire to be cured, if a disease be allowed to find an abiding place in a community."

True words, wisely spoken, and applicable in many a city besides Wilmington. People are too apt to leave the whole burden of the responsibility upon the authorities, without reflecting how powerless the latter are unless they have the earnest support and co-operation of the community.

A TRADE OR NOT.

Dr. F. E. Stewart, in the *Druggists' Journal*, has a long paper on the much vexed question of whether pharmacy is a profession or a trade.

This might be appropriately answered by the famous philosopher who decided

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the controversy between the Molists and the Anti-molists. He said that moles were not deformities unless they were so considered.

Pharmacy is a profession theoretically, and really so with some pharmacists, until the inexorable laws of business force them out of it.

With others it is a trade, or rather a business.

EUCALYPTOL IN DIPHTHERIA.

MURRAY-GIBBES, in the *Australian Medical Journal*, says that he keeps his patients in a warm, moist atmosphere, containing a volatile oil given off from the blue-gum leaves, by placing them in a jug of boiling water. In this atmosphere he keeps the patient so long as there is any inflammation in the throat. He reports 163 cases thus treated since 1881, with but one death, that of a babe eight months old. A colleague reported 305 cases, with one death, from heart palsy. He constructs a tent over his patient's bed by placing an open umbrella with a sheet over it. A handful of leaves is placed in the jug and boiling water is poured over them. This is renewed every fifteen to thirty minutes, night and day.

No internal medicine is given, except an occasional mercurial purge, for gastric symptoms.

He considers the disease contagious for three weeks after the disappearance of false membrane. The cases narrated included the worst forms of laryngeal diphtheria.

He never saw the slightest benefit result from alcohol in dangerous cases.

He believes that infection usually takes place through the stomach.

Dr. Gibbes practices in New Zealand. Eucalyptol has not achieved such success here, though it has some advocates. Possibly this may have been due to the method of using it, as Dr. Gibbes lays great stress upon this, and intimates that the same success did not result until the eucalyptol was used by inhalation.

But little ingenuity is required to devise a better method of obtaining continuous inhalation than that of Dr. Gibbes. A nursery lamp may be used, with a burette suspended above it, which allowed a drop of eucalyptol to drop into the water every few minutes. This would be much better than depending on an attendant to change the water and leaves every quarter hour during the day and night.

INTESTINAL TROUBLES IN INFANCY.

In the November number of the *N. C. Medical Journal*, Dr. Broughton gives an interesting paper on the above subject, based upon his experience during last summer. The treatment he has found most effectual is: a preliminary dose of castor oil, to clear out the bowels, followed by sulpho-carbolate of zinc, in doses of $\frac{1}{6}$ to 2 grains, with 3 grains of Parke, Davis & Co.'s pepsin, every two hours. He firmly believes we have in this drug almost a specific for such cases.

He adds that three cases of typhoid fever treated by the same zinc salt resulted happily, and confirms his good opinion of the drug.

The paper is a thoughtful one, and we advise our readers to send for the journal containing it.

LETTER FROM PARIS.

BACTERIOLOGY AND CLINICAL EXPERIENCE.

Jaccoud, in his opening clinic last week, made some good remarks on this subject. When twenty-two years ago he first taught at the Charity Hospital, he even then sought to apply a double character to a medical clinic, by trying to show that medicine was at once an art and a science: An art as to the observation of patients and judgment of their state, diagnosis and prognosis, in fact; but in addition to this, at that time it was something rather novel to insist that this primordial obligation needed to be supported by all the medical science that could be brought to bear, in order to make an entire success of clinical observation. This must not be confined to a simple notice of the symptoms found in a patient, but we must go deeper than this, and search closely the organic abnormal operations, and find out not only the direct effects, but also the indirect and far-off reasons, the why and the wherefore.

To do so it has now become indispensable to call in the methods of investigation of all the branches of medi-

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cal science. It is this investigation that makes the medical art also a science; and alone raises it above empiricism. Practical medicine, then, ought to ask aid from normal and pathological anatomy, experimental therapeutics; and going outside of medical sciences, it should demand the help of the natural and physical sciences; while last but not least the new science of bacteriology must never be forgotten.

Jaccoud does not wish to say at present that this last science should be introduced into the regular, daily bedside, clinical observation of patients, but it should be applied to the study and the interpretation of clinical facts. At first we all thought that the radical result of this study would be that the etiology and prophylaxis of disease, with public and private hygiene, would be the only branches of medical science that would derive benefit from the positive notions of bacteriology; but we now see that the revolution will also be as radical in the dominion of pathology, which is the basis of observation in clinical medicine. And if we know to-day the genesis of the peripheric and visceral determinations of infectious diseases, such as scarlatina, erysipelas, mumps, diphtheria, gonorrhœa, etc.; and if we know what to think of pseudo-rheumatism, acute diseases, secondary accidents of pneumonia as well as purulent infection, endocarditis, meningitis, etc.; and if we can now distinguish urinary tuberculosis from other purulent urinary troubles, and see the relation between stomach cancer and pleurisy; if all these and many other things can now be told with some approach to certainty, and go to make empirical medicine a science, it is owing to bacteriological study, and all these facts have a real importance in diagnosis and prognosis. While, however, these precious aids to medicine are important, we must not be led away, says Jaccoud, into the notion that the microbe is everything, and neglect the poor patient. Our duty is to make use of all branches of science, without making exclusive use of any of them.

TAENICIDES.

A recent book of Dr. Feraud's speaks of the best methods of killing tape and other intestinal worms. First of all we should not undertake to expel worms or treat tænia unless we are absolutely sure of the diagnosis, which can only be affirmed when the patient brings a portion of the worm, one of the cucurbitains (or rings) of which it is composed. Just here is the advantage of enough zoology in a doctor to enable him to tell of what variety the worm is, to properly treat the patient. For all the varieties, the best time to try and get entirely rid of it is when it has reached its entire development, which is mostly shown by the cucurbitains detaching themselves spontaneously. Between three and four months is the period it takes to develop; so, failing in an attempt to get rid of one, it is well to wait three months, if possible, before again trying to dislodge it.

The day before, commence by putting the patient on a strict milk diet; as it seems that the worm is more accessible in a chyme formed of digested milk. The taenicide chosen should be given the next day, and the choice is between the pelletierine, made by M. Tanret; but as it is very dear, over $2 per bottle here, it is more often that one of the other drugs is chosen, or else the punica granatum is given itself, instead of the expensive preparation of Tanret. The next most frequently used here is the polypodium filix mas, and next the cucurbita pepo.

Whichever is given, it is followed by a purgative; the black draught being the one preferred. The precaution is taken of having the patient go to stool over a vessel half full of water, so that the worm shall not break, and that the physician can examine to see that the head has been brought away. If only a part of the worm comes out, rectal injections of soda sulphate should be used with care, or one of five grammes of ether to 100 of water may be tried, to paralyze the worm. No *active* traction should be made on the worm, as it will be sure to break and the rest remain; but slight pulling on it may be tried.

The story is told here of a Sister of Charity who had a great reputation for extracting worms, and whose sole device was to roll it with great care on a little stick, and make *extremely slow traction*.

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One last and important recommendation of M. Feraud's is to have all ready before starting. Let all the accessories be prepared, and everything needed provided first of all, so that there shall be no hitch in the operation.

CIRRHOSIS HEPATIS.

Millard, physician to the Beaujon Hospital here, and one of the most experienced physicians in Paris, has just presented to the *Société Médicale des Hopitaux* three cases which we saw in his service, and which were cured by his method of treatment. They were alcoholic patients, with considerable ascites. The treatment is simple enough, and the results obtained are remarkable.

First of all an exclusive milk treatment is enjoined, which is modified later with starchy foods, of course abstinence from wines and malt drinks, and once or twice a week purgation with fifteen grammes of *eau de vie allemande* (tinct. jalapæ comp.), or else one gramme of scammony.

Tapping of the ascites was done as often as indicated. Six were made in one case, with over 102 quarts of liquid withdrawn, and, in another, only one punction was made. In all the cases the following potion was given:

℞ Juniper berries.....10 gr.
Nitrate and acetate of potas....áá 2 gr.
Oxmel of squill .....30 gr.
Syrup of the five roots*.....35 gr.
M.

The whole of the above potion was given in four or five doses in the twenty-four hours.

Are these patients completely cured by this treatment? This question is difficult to answer; but what is sure is that they are left in reasonably good health, after having been in a very bad state. As to the question of the anatomical state of the livers in such patients, they still remain hypertrophied, and yet they carry out their function properly. Certainly it is easy to understand that a return to former habits will bring about a return of the disease, but it is equally sure that abstinence will allow them to live in health after this cure. It is not claimed that this treatment is new, as it consists of simply milk treatment with diuretics and purgatives, without hydrotherapia or iodide of potassium; but with the action of punctions, or several paracenteses, if needed. The potion employed is not disagreeable to take, and is well supported. One patient took it for eight months. As to purgatives, the jalap may be used as a drastic; but, if there are hemorrhoids, castor oil can be substituted. At first it can be given once a week, and then less often, as the case improves. Milk is the base of the treatment, and should be insisted upon; going so far as to say with Dr. Cretien: "*Milk or death!*" Abstinence from spirits is a *sine qua non*, and should extend even to medical potions made with alcohol.

Lancereaux and others have given iodides and used hydrotherapia in these cases; but water treatment, in patients in whom the slightest chill may bring on fatal complications, cannot be supported; and iodides are only of use when the case is complicated with syphilis. However, it may be tried after the treatment has produced its good effects, and the liver remains enlarged. The three cases of M. Millard prove that alcoholic cirrhosis is not only a curable disease, but one that, simply treated, results most often in cure; and it is not so incurable a trouble as many would make out.

FREQUENCY OF EPILEPTIC ATTACKS AT CERTAIN HOURS OF THE DAY.

M. Fere shows that in 1985 cases, 1296 of them took place in the hours from eight o'clock in the evening to one o'clock in the morning; and it is curious that a large number of such cases took place at from three to four or five A. M. This but confirms the ideas expressed by other writers, that a period of depression exists when the wee small hours of the morning are on; and some state that most deaths take place at that time.

Dr. Hallopeau, of the St. Louis hospital here, took a trip this summer to see Unna, at Hamburg, and he relates his

TREATMENT FOR SKIN DISEASES.

It seems that Unna uses mostly two kinds of topical or local applications; one is a thin mousseline, which is

*The last is the syrup formed by the French codex, of the roots of apium graveolens, fennel, parsley, asparagus, and ruscus.

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charged with ointment, and is kept on with a compress several days at a time, and the other is a sort of glue, which is spread over the surface. Two kinds of this glue-like topical are used, one strong and the other weak, and both are kept unalterable by oxide of zinc. The following is the formula used by Unna for both:

℞ Gelatine	15 grms.	(weak)	30 grms.	(strong)
Ox. of zinc	"	"	10 "	"
Glycerine	30 grms.	"	30 "	"
Water	45 "	"	30 "	"

M.

This makes a porous envelope and the pressure is soft and calming. The muslin plasters make an impermeable application and the skin becomes soft under them and allows of absorption. It is not like the gauzes used elsewhere, as they are not so heavy.

ON THE NATURE OF MILK.

M. Béchamp has been studying this important subject and finds that it gives rise to three orders of questions.

1st. The globules of milk: are they simple globules of naked fatty bodies like globules of an emulsion of any fat, or are they covered with an envelope which prevents them from sticking to each other?

2nd. In one or the other of these hypotheses, does the liquid part of milk contain a single albuminoid (casein), or does it contain several of such matters, in different milks being of a different nature?

3rd. Does milk curdle or coagulate spontaneously, that is by itself, or is this phenomenon accidental and correlative to the activity of ferments, of which the germs exist in the air, and which introduce themselves into the milk during the emulsion?

The conclusion reached by the eminent savant are, that, first, milk is not an emulsion, as the globules are not simple fatty globules but are free vesicles of an adipose nature; second, milk contains other albuminoids besides casein; they are not free, however, but are dissolved in the alkalies. As to the third question M. Béchamp says that milk will coagulate of itself, without any need of vibrations to aid it.

M. Nocard does not accept these statements, as he says he has kept milk several years without its coagulating, by keeping it away from the air; but M. Béchamp proposes to show in M. Friedel's laboratory that his statements are exact.

We close with two late French formulas:

OINTMENT FOR HEMORRHOIDS.

℞	Unguent. populi	80 grams.
	Cerat. saturni	10 "
	Ext. belladonnæ	"
	Ext. opii	1 "
	Antipyrine	3 "

M.—Apply to the part as needed. It calms itching and stops bleeding in phthisis:—

℞	Tannin (alcoholic)	5 grams.
	Glycerine	30 "
	Sherry wine	1000 "

M.

This makes a quart of wine, which has been highly recommended in consumption. It is given after meals.

THOMAS LINN M.D.

SOCIETY NOTES.

PHILADELPHIA NEUROLOGICAL SOCIETY.

STATED MEETING, OCTOBER 28, 1888.

The Vice-President, Charles K. Mills, M.D., in the chair.

Dr. William Osler presented a

NOTE ON PACHYMENINGITIS HEMORRHAGICA.

There are several points of interest in that condition:

First. Is it in any sense of the term an inflammatory process? Practically, we see one of three conditions in these cases:

a. Subdural vascular membranes often of extreme delicacy.

b. Simple subdural hemorrhage.

c. Combination of the two—vascular membrane and blood-clot.

In two specimens which I showed last year at the Pathological Society, I remarked on the absence of any of the features to which we could apply the term inflammatory.

Dr. Joseph Wiglesworth, in the January number of the *Journal of Mental Science* for this year, takes the same ground. Apart from injuries, dura-arachnitis is rare. I have seen two instances in the specific fevers. In both there was delicate fibrinous exudate between the dura and the arachnoid.

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Second: Which is antecedent, vascular membrane or hemorrhage?

It is usually stated that the hemorrhage occurs first, and from the blood-clot, when organized, the vascular sheet arises. This may be the case, and the fact that subdural hemorrhage is often found alone—in fifteen out of forty-two cases in Wiglesworth's series—lends weight to this view. On the other hand the vascular membrane may exist without a trace of past hemorrhage; neither staining nor melanin grains, simply a fibrous sheet, varying in thickness and permeated with large vessels. The specimen here shown illustrates this condition: It was removed from a man, aged fifty-six, who died of aneurism. The skull cap was unusually thick and dense and extremely vascular. The meningeal arteries ran in deep grooves through the bone. There were many points of vascular union between the inner table of the skull and the dura. In spite of this, the calvaria was removed without much difficulty. The inner surface of the dura was everywhere covered with a fibrous, highly vascular membrane. Toward the vault it was from half a line to a line and a half in thickness. Toward the base it was extremely thin. It was chiefly made up of large veins forming in places beautiful arborescent tufts. On section, where the membrane was thickest, the veins bled freely; but there was no trace of clot. Microscopically, the membrane was composed of bundles of connective tissue forming a supporting framework for the numerous vessels. At one small area alone, in the middle fossa on the left side, there was a brownish-red staining on the surface of the vascular membrane.

In the two specimens which I studied last winter the identical condition existed, though in neither was the blood-supply abundant, nor the vascular membrane thickened.

Third. Whence the hemorrhage, dural or pial?

I have always thought the former, but I see that Wiglesworth, in referring to the atrophy of the convolutions as a possible cause for hemorrhage, speaks thus: "The pia mater over a variable area may be so intensely congested as actually to resemble an ecchymosis. . . . It is manifest that the conditions may be highly favorable to actual rupture, and I doubt not that this frequently occurs."

Certainly in the instances I have seen the subdural membranes were intimately associated with the dural vessels, and it seems more probable (and is, I believe, generally acknowledged) that from these the hemorrhage always proceeds.

Fourth. The explanation of the occurrence of this singular structure is by no means clear. The cases are commonly met with in asylums. In general hospitals years may pass without seeing an instance. During eight years in the post-mortem room of the General Hospital of Montreal no instance occurred. The first specimen which I saw, after having been for fourteen years interested in morbid anatomy, was demonstrated by Virchow, in 1884, at the Pathological Institute. At the Philadelphia Hospital cases are by no means uncommon. Within the past two or three months there have been four specimens found, usually in the bodies of persons from the insane department; but in the three instances to which I have referred the patients came from the medical wards, and had not shown any mental sym toms.

One reason urged why the subdural hemorrhage is much more common in the insane is the atrophy of the convolutions, so constantly associated with this condition. But there must be something more than this; for if atrophy alone is the chief factor, we certainly would meet with it in phthisis and other cachectic conditions in which cerebral wasting is quite as common as in general paresis.

The frequency of this condition in asylum work may be gathered from the fact that Wiglesworth's paper is based upon forty-two specimens which occurred in a series of four hundred unselected post-mortem examinations, in which the persons died of various forms of insanity. Wiglesworth's contribution is one of the most interesting and valuable that has been made upon the subject.

Dr. F. X. Dercum asked if Dr. Osler accepts the view of Wiglesworth that this condition of the dura is really due

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to hemorrhage from the pia. He could not understand how a hemorrhage from the pia could become so intimately connected with the dura. He had always regarded the formation as dural.

He asked Dr. Osler if he had any explanation to offer for the formation of these curious cysts in old cases of pachymeningitis.

Dr. James Hendrie Lloyd said that Dr. Osler had stated that in the case reported there was aneurism of the aorta. He would ask if there was any connection between the two conditions. Were there any brain symptoms? The idea has prevailed heretofore that we mostly find this condition in connection with brain troubles such as general paresis, trauma, and chronic alcoholism.

Dr. Charles K. Mills said that the paper was interesting in connection with a case of a child nearly three years of age, with spasms of a peculiar type, for which he advised trephining, and the operation was done by Dr. John B. Roberts at the Philadelphia Polyclinic. After the removal of the skull and dura mater, a membrane was found which was easily separated from the pia-arachnoid. It was a vascular membrane, between the dura mater and the pia-arachnoid. Œdema and great vascularity of the pia mater were also present. After the escape of some serous fluid, the brain apparently receded. The history was that a clock had fallen upon the child's head, and the question was whether or not a slight hemorrhage beneath the dura had not taken place, or whether there might not have been the formation of a membrane without the presence of a clot. It may be that this is the explanation of some of the cases of infantile spasm of peculiar type. This child often had from eight to ten attacks a day. The day after the operation it had two slight attacks, but since then none. He had seen a considerable number of cases of pachymeningitis hemorrhagica at the Philadelphia Hospital, some of which he had reported.

Dr. Osler did not see how the hemorrhage could be connected with the pia as Dr. Wiglesworth thought. The cases he had seen had been in medical wards, and had presented no indications of cerebral trouble. Atrophy of the convolutions does not always coexist. If atrophy were one of the prime factors in the causation of this condition, we would expect to see it more frequently in phthisis and the chronic cachexias, in which the cerebral wasting is often quite as marked as in general paresis. There is often as much thickening of the pia arachnoid and gelatinous œdema between the convolutions in phthisis as in general paresis; yet, so far as he knows, subdural hemorrhage has not been described in connection with phthisis except in the inmates of lunatic asylums.

Dr. J. H. Lloyd reported the following

CASE OF ALCOHOLIC MULTIPLE NEURITIS,

which presented such a characteristic clinical picture of a disease which is not common, that he was led to report it in spite of the fact that the pathological study was incomplete.

Margaret M., aged about 35 years, was admitted into the nervous ward of the Philadelphia Hospital in May, 1888. She had a family history of phthisis on the father's side. The patient had never been very strong, but had had no sickness except the ordinary diseases of childhood. She was married at 17, and had had four children, the last labor occurring five years before admission. She denied syphilis, and presented no lesions of it. She also denied excessive drinking; but an inquiry of her friends revealed the use of alcoholics, sometimes in excess, from her childhood. Four weeks before her admission she awoke one morning to find both her feet paretic. For one week preceding this she had had severe pains in both legs.

On examination the following facts were noticed: The patient was anæmic, very despondent in expression, and rather emaciated. She presented double wrist-drop, more marked on the left side, with wasting of the arm muscles, also more marked on the left side. There was paralysis, quite complete, of the anterior leg muscles on both sides, with consequent foot-drop, and wasting. The extensor muscles of the left forearm contracted sluggishly to the Faradic and galvanic currents, and showed

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the serial reactions of degeneration: A. C. C. > C. C. C. The extensors of the feet (muscles especially supplied by the anterior tibial nerves) also reacted sluggishly and showed reactions of degeneration to galvanism. The patellar reflexes were abolished. There were small areas of anæsthesia over the legs and feet. She would believe that a pin was touching the foot when it was touching the leg, and confused the legs. The sensory symptoms were very significant. She suffered from severe burning pain on the soles of the feet, and later in the palms of the hands, causing her to complain. The nerve trunks were acutely sensitive. Pressure over the popliteal and peroneal nerves and the main trunks of the arm was productive of most severe pain. The peroneal nerves especially were sore. The muscles of the leg were extremely sensitive to touch, and those of the calves especially were very tender.

The lungs were normal. The heart presented a faint systolic murmur at the apex; not always heard, and possibly anæmic (?). The pulse was small in volume, very rapid, constantly ranging from 122 to 140, and easily compressible. Her temperature was constantly afebrile, except on two days, when it rose to 101⅘°. For more than half of the time she was under observation (about four weeks) the temperature was rather subnormal, falling as low once as 96⅘°. It was taken in the axilla. The loss of appetite was complete, and the tongue was furred. She slept poorly and her mind wandered. At times she was in a well-marked delusional condition, and was restless always and complaining.

The patient, as she lay in bed, with the wrist-drop and foot-drop, bore a striking resemblance to the picture which Gowers has, in his recent work, of a patient with this disease.

The indications for treatment were especially to relieve pain and sustain the power of a failing heart. It was soon evident that the patient would not respond to treatment. The heart, in particular, never improved in its action. Digitalis was given in the form of tincture, infusion, powder, and poultices of the leaves, but the pulse remained rapid and feeble. A full liquid diet was administered in oft-repeated quantities, but alcohol was not given until toward the last, and then in small doses. It is not necessary to detail all the treatment. Partial relief was obtained from the burning pains in the soles of the feet by lotions of carbolized water; and small cantharidal blisters were used with some benefit over some of the most painful nerves, as the peroneal. The patient gradually sank from a weak heart and died rather suddenly about the end of the fourth week of her sojourn in the hospital.

He regretted to say that the specimens from this case became decomposed, in some unaccountable way, and were unfit for microscopic study. The brain, cord, and affected nerves, clear to their ramifications in the muscles, were removed, and did not exhibit any marked change on gross examination. It was thought that some parts of the posterior columns were closed; an observation which, he believed, has been made before in some of these cases. The history and observation of the case do not point to an original posterior sclerosis, and it may be a question whether such a change in the cord in a case like the one described could not be secondary to the original nerve lesions. It is also a question whether the obstinately feeble action of the heart in these cases may not be due to changes in the pneumogastric similar to those which occur in the other nerves. The heart was small and the valves normal. The liver was fatty and the kidneys slightly congested and enlarged.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

BLEEDING FOR BRAIN INJURY.

DR. SIMPSON (see page 67, *ante*,) raised a very practical question for discussion: "When shall we bleed

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and when refrain from bleeding in cases of evident blood extravasation accompanying head injuries? The general question of venesection for apoplexy was thoroughly discussed a quarter of a century ago by Hughes Bennett in his work on clinical medicine, which may still be read with profit to-day. He completely demonstrated the inutility of bleeding in these cases, except with reference to one instance in which it might be admissible: where there is a condition of increased arterial tension. As a therapeutic resource it was worse than useless, often decidedly injurious. This, we think, corresponds with the best medical practice at the present time, and we, therefore, would answer Dr. Simpson's query "were we wrong in discarding bleeding?" in the negative. We are very doubtful of the value of mercury given to the point of ptyalism in such cases, and prefer the antipyrin with cold to the head as antiphlogistics. With regard to surgical treatment of the case reported, it is possible that something more might be done. The existence of a latent depressed fracture, possibly limited to the inner table of the skull, should be discussed; and in view of the mental condition indicating pressure, we would consider early trephining advisable. F. W.

Dr. WAUGH:

Dear Sir:—Will you be so kind as to read this article, and give me your opinion as to pathology and treatment.

Mrs. L., age 70, rather full habit and fleshy, was attacked with a slight show or flow of blood, as she supposed from the womb, about sixteen months since. The flow was very small, occurring at intervals of from one to two weeks: sometimes being a few drops of pure blood, and at other times only imparting a slight tinge of blood to the urine.

Four months later she was seized with a severe pressing down pain in the back, running down the course of each ureter to the bladder, and, as she supposed, to the womb; and down the lower limbs to the knee. Feeling sure that she had cancer, and that her case was hopeless, she did not call in a physician until she had suffered over ten months, when, through the persuasion of friends, I was called to her case. I found her looking very well in flesh, with a fair appetite and moderate strength.

She explained to me that, for more than ten months, the pain had come on regularly at 9 o'clock, A. M., and began to subside from 3 to 4 P. M.; and that, by 6 P. M., she would be entirely easy and rest well through the night. She passed her water every half-hour or so, about one to two tablespoonfuls at a time, which was laden with mucus from the bladder. The quantity of urine passed every 24 hours was not more than 1 to 1½ pints, which I found, upon examination, to contain a quantity of earthy phosphates with considerable albumen. Believing that she was suffering from stone in the kidney or ureter, and that the pain had taken a neuralgic form, I put her on tinct. gelsemium, gtt. 10; tinct. aconite, gtt. 1; tinct. hyoscyami, gtt. 15; bromide potassium, gr. 5; each dose, as above, every two to four hours. Also gave fl. ext. pichi, gtt. 30; potassa bicarb., gr. 15, three times a day; sulph. quinine, three grs. three times a day. Also gave about ten grs. acet. potassa in solution three times a day; used a rectal suppository every morning at 8 o'clock, containing ¼ gr. morphine, 2 grs. ext. hyoscyami, ¼ gr. ext. belladonna. For the past two weeks have been using a hypodermic dose of ¼ gr. morphine at or just before the pain commences. This modifies the pain, but does not stop it entirely.

For several days I kept her under the influence of quinine, giving three grains every two hours, commencing as soon as the pain began to remit. Within the past two weeks she has been losing strength more rapidly, and says if relief does not come soon she cannot bear the pain much longer. The bladder trouble has subsided, and her water is now nearly healthy, both as to quantity and quality; and is passed at long intervals, and without pain and burning, which was very severe at the time that I was first called to see her, especially when she urinated.

With this exception the case remains the same, though the pain now commences about noon and lasts from 4 to 6 P. M.

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I should have mentioned that, upon examination, I found the womb about its natural size, apparently healthy, and in its normal location.

There is no tenderness in the bladder, though, when I first saw the case, pressure over that organ produced a pain similar to the pain felt when the bladder is full of water. When suffering pain the whole abdomen is very tender, but, after the pain has subsided, only a vague soreness upon pressure is experienced.

Now, doctor, I believe that I have given you pretty nearly all the symptoms of this very troublesome and painful case; and if you, or any other medical gentleman, can give me such information as will lead to the relief of the same, it will be granting a great favor to suffering humanity, as well as to JAMES A. WARD, M.D.

P.S.—The albumen has almost disappeared, just enough remaining to make the urine look a very little smoky when boiled.

[Our impression is that this patient has stone in the bladder, and we would advise a careful examination of that organ. The blood is evidently discharged from the urethra, which leaves the uterus out of the question. The periodic pain is peculiar, but is consistent with the hypothesis of stone. We would be glad to hear the results of such an examination.—ED.]

EFFECT OF PETROLEUM ON THE HUMAN BODY.

[The following item was clipped from the *Phila. Record.* On reading it, we thought it might be the means of extracting some novel information from our oleaginous friends, who ought to write for the TIMES, but don't. We sent the item to two of them, and append the answers received.]

A German physician has recently issued a report of his observations on the effects of petroleum on the human body. The facts on which his conclusions are based have been gathered during extensive travels in the American petroleum districts. He found that a skin disease was very prevalent among the workmen who were employed at the wells, and on closer examination he concluded that the disease especially attacked those who were engaged with the heavier and more inflammable oil. Numerous cases were discovered of large quantities of petroleum having been swallowed, with the result of violent affections of the stomach, kidneys, and nervous system. In one case, where a glassful of petroleum had been drunk, the greatest difficulty was experienced in preventing the patient from falling asleep, an eventuality which is especially fatal in such instances. Symptoms of poisoning could also be traced after a lengthened period of inhalation of the vapor, but the symptoms were only noticeable when the subject was in a bad state of health.

Editor MEDICAL TIMES:

In regard to the clipping, my opinion is that the German doctor knew very little about the subject. I have practiced medicine here, in the heart of the Pennsylvania oil regions, for 18 years; and, as far as my experience and observation go, skin diseases are not prevalent at all. I never saw a single instance of "skin disease" that could be considered peculiar to this place—the oil region. If working about wells, handling oil, etc., causes any kind of disease—skin or other—I have failed to recognize it. If this gentleman means that heavy oils are more inflammable than lighter oils, his information is contrary to mine. I have been taught that the lighter oils are the more inflammable. I have never heard of a case where a large quantity of oil had been swallowed, hence know nothing of its effects when such quantities have been taken internally. I have known the crude oil to be taken internally, one or two teaspoonfuls three times a day, for weeks—possibly months—without any appreciable effects whatever. I have no knowledge, however, of its having been used but very rarely as a medicine. It is frequently used as a local application in burns and scalds, and is probably as efficient as any other nasty oily application. It is probably an antiseptic.

Oil City, Pa. J. A. RITCHEY.

Editor MEDICAL TIMES:

It affects different people in different ways. First, the workmen handling oils; some can handle it continuously and not be affected; while others, who get their hands cut, the cut would never heal while they were handling oil. There is no skin disease prevalent. Where handling acids and acidulated products, or about wells with more or less salt water, chapped or sore hands may occur. Heavier oils are least inflammable. Small quantities are taken without serious results, but I think more would derange the stomach. Oil is injected for piles with success. Many salves are made from it, and crude oil will cure mange in dogs. The fumes or exhalations of crude petroleum produce symptoms similar to *drunkenness;* and

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cases of death from inhaling these fumes from tank man-holes or vents, intentionally, and while cleaning tanks *accidentally*, are not infrequent. A large quantity taken internally might have the same effect, as I think the heat of the body would cause the lighter gases to free themselves from the crude oil in the stomach. There are many cases of oil taken for consumption reported, and with beneficial effect; but I don't know of this being a fact. Crude oil is used in cases of severe burning about oil wells and refineries, with great success as a means of relief.

I think the poisonous symptoms all gammon, beyond the severe headache and depression, such as a subject would have who had gone to bed and blew out the gas. J. A. W.

REVIEWS AND BOOK NOTICES.

ATLAS OF VENEREAL AND SKIN DISEASES. With Original Text, by Prince A. Morrow, A.M., M.D. New York: William Wood & Co., 1888. Fasciculi vii and ix.

These parts fully sustain the favorable impression created by their predecessors. Plate xxxi represents Ulcerative Cutaneous Gummata; Syphilis Cutanea Vegetans; Framboesia Syphilitica of the Soft Palate. Plate xxxii, Fifteen forms of Syphilis and Psoriasis of the Mouth. Plate xxxiii, Paronychia Syphilitica (2 figures); Syphilis Cutanea Ulcerosa (2 figures); Fissured and Exulcerating Papules of the Toes (2 figures). Plate xxxiv, Pemphigus Syphiliticus Neonati; Polymorphous Syphilide. Plate xxxv, Macula-papular Syphilide; Inherited Syphilis, and Condylomata; Syphilitic Pemphigus. Plate xlii, Erythema marginatum et gyratum; E. papulatum; E. iris et circinatus. Plate xlii, Herpes iris et circinatus; Erythema nodosum. Plate xliii, Urticaria factitiosa; U. Pigmentosa. Plate xliv, Eczema capitis; Eczema faciei. Plate xlv, Eczema squamosum; E. papulosum vesiculosum et impetiginosum.

SECOND ANNUAL REPORT OF THE STATE BOARD OF HEALTH AND VITAL STATISTICS OF THE COMMONWEALTH OF PENNSYLVANIA. Harrisburg: Edwin K. Meyers, State Printer, 1887.

This volume contains the reports of standing committees; reports on sanitary condition of cities and towns; on epidemic and special sources of disease; of inspections; quarantines; papers read at the State Sanitary Convention; legal opinions; compendium of laws relating to public health, etc.; correspondence; sanitary conferences; circulars; blank forms; mortuary tables, etc. One hundred and forty-three separate reports and other papers are included in this volume. The whole work reflects great credit upon the Board of Health and its efficient secretary, Dr. Benjamin Lee. It would be well if this book were widely circulated through the State. No one could read the work without being struck with the benefits which this Board has rendered to our people; and this work would be largely increased if the public were fully cognisant of it, if they knew to whom to apply, and how to do it, when outbreaks of malignant disease occur.

REPORT OF THE PENNSYLVANIA STATE COLLEGE for the year 1887. Part II. Agricultural Experimental Station.

This volume contains the official reports of the director, an account of the organization of the station, and reports upon tests of varieties of wheat and oats, germination, fertilizer, phosphoric acid, and sugar beet experiments, studies of the development of corn, soiling crops, foreign forage crops, corn stover, and a variety of other information of great practical value.

This volume may open the eyes of some as to the good work being done at our State Agricultural College, which has grown to be a very creditable institution. Our readers would be well repaid for the trouble of sending for the publications of this college.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM. By Wm. Allingham. Edited and Revised, with much additional new matter, and numerous diagrams, by HERBERT WILLIAM ALLINGHAM. Fifth edition. London: J. & A. Churchill, 1888.

The press of daily work has compelled Mr. Allingham to entrust the preparation of this edition to his son. The latter, however, has had seven

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years' apprenticeship with his father, and we may be sure that the sound judgment and ripe experience of the elder is reflected in the pages of the book. Though there is much new matter introduced, there is but little alteration in the views of the author, or his favorite modes of procedure. He still prefers the ligature for hemorrhoids, and it still gives, in his hands, the matchless results detailed in previous editions. While his condemnation of the injection method still remains, he has somewhat modified the wording of it, speaking less contemptuously of the method; and while he speaks of having used it in many cases, he does not say that ill results followed in any of his own cases, though he speaks of them as possible.

Taken all in all, Allingham's book may be looked upon as the *safest* guide in the treatment of rectal affections to be found in the English language.

LA MORT PAR LA DECAPITATION, PAR LE DR. PAUL LOYE, Paris, Bureaux du Progrès Médical, 1888.

"Is decapitation a barbarous procedure; do suffering and consciousness survive the section of the neck? Or has the head, separated from the body, during a time, supposedly short, consciousness of internal or external impressions? Such are the questions which M. Paul Loye desires to elucidate. He has not shrank from assisting at the execution of certain criminals to note each phenomenon which followed the fall of the head; and he has sought in the laboratory the explication of the facts which he had witnessed to determine their physiological value.

"This method has been fruitful. It has afforded an explanation of a certain number of facts which had more especially troubled philosophers and legislators. It has shown that if, by anæsthetics, the animal is rendered unconscious before decapitation, the facial contractions, the grimaces, which seem to indicate the violence of the pain, are produced with their ordinary regularity and physiognomy. They are not phenomena of consciousness, but automatic."

The above extract from Brouardel's preface will explain the scope of the work. As Brouardel adds, M. Loye has removed some questions from the domain of debate; and demonstrated that if capital punishment be continued, decapitation most completely prevents the pain of death, and even that which results from the awkwardness of the executioner.

LECTURES ON ALBUMINURIA. BY T. GRAINGER STEWART, M. D., EDIN. New York: William Wood & Co., 1888.

This volume embodies the views of the author upon the chief clinical questions discussed in his book upon Bright's Diseases. It contains a full discussion of the forms of albumen and the tests; the so-called albuminuria of health; other albuminurias, diagnosis, prognosis, diet and medication.

THE PHYSICIAN'S VISITING LIST FOR 1889. Thirty-eighth year of its publication. Philadelphia: P. Blakiston, Son & Co.

This list is too well known to require further description. In the time it has been before the public it has been gradually elaborated into the shape it now possesses, which appears to suit the needs of the majority of physicians.

TREATMENT OF CYSTIC GOITRE. BY T. MARK HOVELL, F.R.C.S.E. London: J. & A. Churchill. Price, one shilling.

THE BIOLOGICAL CELL—AN ARGUMENT. BY L. HARRISON METTLER, A. M., M.D. Philadelphia: Records, McMullin & Co.

MINERAL AND THERMAL SPRINGS OF CALIFORNIA. BY W. F. MCNUTT, M. D., San Francisco, Cal.

INEBRIATE ASYLUMS AND THEIR WORK. By T. D. CROTHERS, M.D.

THE CATALOGUE OF THE TOKYO MEDICAL LIBRARY. Sei-i-Kwai, Tokyo. Printed by the Insatsubu. 1888.

CONSTITUTION AND BY-LAWS OF THE AMERICAN PEDIATRIC SOCIETY. Philadelphia. J. B. Lippincott & Co.

ECZEMA: ITS TREATMENT. By ALBERT E. CARRIER, M.D., Detroit, Mich.

A CASE OF HEREDITARY SYPHILIS SIMULATING LEPROSY. By A. H. OHMANN-DUMESNIL, A. M., M.D. St. Louis, Mo.

ADDRESS OF THE PRESIDENT TO THE AMERICAN GYNECOLOGICAL SOCIETY. By Robert Battey, M. D. 1888.

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ABSTRACTS.

SNOW-BLINDNESS.

BERLIN states that the following symptoms are observed: intense burning pain in the eyes, lachrymation, photophobia, blepharospasm, hyperæmia of the conjunctiva of the globe, then of the lids, followed by chemosis of the exposed part of the globe. In bad cases, the cornea becomes opaque, the pupils are contracted, and the fundus oculi slightly hyperæmic. Sight is unimpaired, but the field is narrowed. Most cases recover in a few days, unless corneal ulcer occurs, which alone causes blindness. The affection is due to the action of the sun's rays, when there is no moisture in the air to absorb the radiant heat. The skin often shows a dermatitis due to the same cause.

Berlin recommends the local application of cocaine, with the ordinary use of dark spectacles.—*Lancet.*

ADONIDINE.

OLIVER reports seven cases of aortic and mitral regurgitation in which he used adonidine. In every case the unpleasant symptoms were relieved. He found no diuretic effect produced by the drug, which is purely a heart tonic; acting chiefly on the heart, raising the arterial tension gently. The cases of aortic regurgitation in which it answers best are those where the lesion is due to traumatic rupture of the valves or to chronic aortitis, and not to rheumatic endocarditis. —*Lancet.*

RICKETS.

At the British Medical Association, CHEADLE opened the discussion on rickets with an address, of which we give the following summary:

1. Rickets is primarily a diet-disease, which can be caused at will by rachitic diet just as certainly as scurvy by a scorbutic diet; and which can be cured as certainly by antirachitic diet as scurvy by an antiscorbutic diet.

2. The chief defect in diet which causes rickets is want of animal fat.

3. With this there is probably also deficiency of the earthy salts in the form of phosphates.

4. A deficiency of animal proteid, in conjunction with the preceding, intensifies the condition.

5. The rickety state is accentuated by evil external hygienic conditions, such as foul air and want of light; although these are not essential to its production.

6. Rickets is modified in character by the concurrent existence of congenital syphilis and of scurvy.

In addition to ordinary rickets, there are certain aberrant forms of doubtful pathology. Fœtal rickets is generally a condition allied to cretinism.

—*Brit. Med. Journal.*

COMMON CRAMP.

HINE, in *The Lancet*, attributes muscular cramp to pressure as the usual cause. He gives some instances of cramp occurring after a hearty meal. Indigestion and cold favor its production. If the stomach be distended, the cramp occurs in the pectoral or abdominal muscles. The weight of the bedclothes or of one leg over another will also provoke an attack. Heart-burn and cramp are often concomitants. Gout is also a common cause. Cramp is uncommon in dispensary practice. Exposure to cold while sweating and drinking large draughts of cold liquids have been promptly followed by cramp. Claret and cider are specially apt to produce attacks. Teetotalers are not, however, exempt. Stronger wines do not produce it. Hard cheese, pork, shell-fish, conger-eel, pickles and salads, except lettuce and cress, are likely to give rise to cramp.

Another cause may be found in unusual and excessive exercise.

As predisposing causes he enumerates rheumatic or gouty diathesis, irritable bladder, urethral or rectal stricture, as of the first rank; followed by torpid liver and disease of the kidneys and supra-renal capsules.

As to preventive treatment, he advises that those who are liable to cramp shall take no fluids within two hours before going to bed. Biscuit or dry toast should form the supper; especially charcoal biscuits. A visit should be paid to the closet before retiring.

He recommends the following pill:

℞ Ext. conii.....gr. j
Ext. nucis vomicæ.....gr. ss
Ext. belladonnæ.....gr. ss
Pulv. myrrhæ.....gr. ss
Gingerine.....gr. j
M. S. To be taken every second night.

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For slight cramp, the local use of a cold, wet sponge gives relief. Friction by the hand, firmly used, is also good. In severe cases, belladonna liniment, with or without chloroform liniment, is efficacious. Where these fail, pure laudanum may be actively rubbed in.

If these fail, he gives chloroform by inhalation, if there is no heart or kidney disease.

CASCARA SAGRADA IN RHEUMATISM.

Dr. Cottell, in the *American Practitioner and News*, gives a very favorable report upon this new use for cascara. In a case of rheumatic arthritis which had resisted the ordinary drugs for some weeks, relief followed the use of cascara. In lumbago a like good result ensued. In a case of inflammation of both knee joints, of doubtful rheumatic origin, with sub-acute myelitis, some improvement followed the addition of cascara to the drugs previously ineffectually employed.

SIX FACTS TO BEAR IN MIND.

1. Typhoid fever is caused by the introduction of a specific germ into the alimentary canal.

2. This specific germ multiplies in the alimentary canal, and in turn is thrown off in the stools of the patient.

3. Its vitality is much greater than at first supposed, resisting a variation of temperature ranging from even below the freezing point to 133° F.

4. The germ may be communicated from one person to another by water, milk, foods and air.

5. To prevent its spread, all the dejecta should either be burned at once (which is preferable), or thoroughly disinfected, by throwing them into a pot of boiling water and thoroughly cooking them, or using some effective germicide, such as a strong solution of the bichloride of mercury in sufficient quantities to insure their destruction before they are buried, which should be at a sufficient distance from any neighboring water supplies to insure their freedom from contamination.

6. If the water supply is of a suspicious character, thoroughly boil it before using, and then place it where there is no possibility of its becoming infected. If ice is used, pack it around the water vessel, not allowing the melted ice in any way to enter your drinking water.

By the strict observance and practical application of these few simple hints, I am certain you will soon be led to believe that typhoid fever is a preventable disease.

—Dr. Reed, in *Sanitary News*.

BLINDNESS IN JAPAN.

On July 31, 1888, the students in the school for the blind and dumb at Tōkyo, Japan, were examined as to the cause of the blindness and dumbness, and found as follows:

CAUSE OF BLINDNESS.

CAUSE.	AGE AT WHICH SIGHT WAS LOST.										
	BORN BLIND.	1 YR.	2 YRS.	3 YRS.	4 YRS.	5 YRS.	9 YRS.	12 YRS.	14 YRS.	16 YRS.	TOTAL.
Congenitus	2	—	—	—	—	—	—	—	—	—	2
Scrofula	—	3	1	1	1	1	—	1	—	—	8
Ophthalmia	—	—	1	—	1	—	—	—	—	—	2
Encephalopathia	—	—	1	—	—	—	—	—	—	—	1
Diphtheritis	—	—	—	—	—	—	—	—	—	1	1
Trauma	—	—	—	—	—	1	—	—	—	—	1
Debilitas	—	—	—	—	—	—	—	—	1	—	1
Not known	—	1	—	—	—	—	1	—	—	—	2
Total	2	4	3	1	2	2	1	1	1	1	18

CAUSE OF DUMBNESS.

CAUSE.	AGE AT WHICH DUMBNESS OCCURRED.							
	BORN DUMB	1 YR.	2 YRS.	3 YRS.	4 YRS.	5 YRS.	NOT KNOWN	TOTAL.
Congenitus	17	—	—	—	—	—	—	17
Eclampsia	—	1	3	—	1	1	—	6
Encephalopathia	—	—	1	1	—	1	—	3
Scrofula	—	—	1	—	1	1	—	3
Febris	—	—	1	—	—	—	—	1
Not known	—	—	—	—	—	—	3	3
Total	17	1	6	1	2	3	3	33

According to the above account it will be seen that the largest number of cases was due to scrofula, and in the first and second years of age. The largest number of cases of dumb persons was due to eclampsia and in the second year of age, save that 17 persons were born dumb. Very few were born blind, but more than half the cases of dumbness are born so.

The loss of sight occurred during the period from the 1st to the 16th year of age; but there was no case of a person becoming dumb after attaining the age of six years.

The above should not be taken as a perfect standard, as it is the result of an examination of the students in that school.—*The Sei-I-Kwai Medical Journal.*

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From the same journal we find the following interesting correspondence from Dr. Vabrius delson of Berne, on *Bacteriology of Trachoma:*

Dr. Kükharsky, of Tiflis, undertook extensive experimental researches in the Hygienic and Chemical Laboratory of the Caucasian District Medico-Military Board, the material being derived from 26 cases of typical acute and chronic trachoma. The results, briefly told are:

1. Trachoma represents a specific infectious affection of the conjunctiva.

2. In every trachomatous case, the conjunctival discharge contains great numbers of rod-shaped microbes of a special kind, which lie within pus-cells amidst fragments of the cell's nucleus. When inoculated to blood-serum, the bacilli assume, about the 18th day, the shape of little chains resembling a streptococcus.

3. The trachomatous follicle invariably contains great numbers of small diplococci of varying size and of a certain characteristic species.

4. The microbe is characterized by the following morphological and biological features: Its pure culture consists of monococci and diplococci resembling gonococci and pyogenic micrococci generally. Now and then, 8-shaped diplococci are also present. In a suspended drop of water, some cocci manifest "saltatory movements" followed by the rotary or oscillatory ones.

5. In its pure culture, trachoma microbes closely resemble in certain relations the staphylococcus pyogenes albus. But it is easily distinguished by the following characteristic particulars:

a. The staphylococcus is stained by a 1 per cent. solution of fuchsine in a 35 per cent. alcohol far less readily than the trachoma-coccus.

b. The film developed by the staphylococcus does not form any threads on its lifting up.

c. The staphylococcus liquefies the whole gelatine contents of a test tube in 5 or 6 days, while the trachoma-microbe accomplishes the same not before four or five weeks.

d. In the case of the staphylococcus, the liquefaction advances from the surface downwards, while in that of the trachoma-coccus the process starts from the needle's track to spread towards the periphery.

e. The subcutaneous injections of the staphylococcus culture into rabbits give rise to intense local phenomena with fever, while the inoculation of the trachoma culture in an equal dose does not produce either local or general symptoms.

6. To study the pathogenic properties of the trachoma micro-organism Dr. Kükharsky carried out the following inoculative experiments:

a. With pure cultures of the coccus from a trachomatous follicle, which were either rubbed into the conjunctiva, or injected under it in 4 rabbits, 7 cats, 2 dogs, 5 pigeons and 4 men. In none of the 22 cases could anything like trachoma grains be produced. In 13 of 18 lower animals, only conjunctival congestion appeared, accompanied in some by temporary opacity or infiltration of the cornea, catarrh, and in four cats by small nodules which, however, disappeared with the subsidence of catarrhal phenomena. Of four men, in two no symptoms whatever were observed, while in the others only a mild catarrh of a few days' duration followed.

b. With discharge from acute trachoma, which was rubbed into the conjunctiva of a rabbit, the result was entirely negative.

c. With a pure culture of the bacilli obtained from the discharge from a case of acute trachoma, introduced into the conjunctival sac of a man, it was followed only by a short-lasting, slight swelling of the lids, with scanty, muco-purulent discharge and minute vesicles over the mucous membrane.

d. With the contents of a trachomatous grain, which was rubbed into the conjunctiva of four cats, and only in one of them was the inoculation followed by the development of apparently true trachomatous follicles, which could be still seen about ten months later.

7. The pathogenic power of the trachoma-microbe, therefore, demands yet further extensive investigations.

8. The rod-shaped bacteria of the discharge forming the streptococcus-like bodies in cultures deserves the special attention of observers, since there are certain grounds to suppose that the bacilli and streptococci repre-

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sent transitory evolutionary stages of one and the same trachomatous microbe.

9. The so-called "follicular catarrh of the conjunctiva (conjunctivitis follicularis)" bacteriologically is identical with trachoma, since in the former the same micro-organism is invariably present, as in trachoma.

MISCELLANY.

PESSIMISM.

Pessimism can find no better stimulus to effort than the desire to lessen the appalling weight of human woe which, according to its exponents, must ever remain overwhelming, and ever resist every effort for its successful mitigation. It points to no Land of Promise, the prospect of whose milk and honey may inspirit the weary travellers through the wilderness; it sings no pæans over a coming era of freedom, plenty, enlightenment, and peace; it bluntly informs humanity that its lot is evil, that its best efforts will never achieve aught but some trifling mitigation of its sufferings, and that there is hope neither in the future of the race nor beyond the grave.

These doctrines are in every respect identical with the teaching of *Gautama*, whose influence in the Eastern World has been so potent. Berlin has answered Benares in the cry that life is evil, that hope is vain, that only in self renunciation will the cravings of man find solace and rest.

When we come to consider pessimism from the impartial point of view of scientific scrutiny, we become impressed with the conviction that it indicates less a normal development of human thought than a moral and intellectual disease—the outcome in all probability of the unhappy surroundings of the individual, or the untoward tendencies of the epoch. If life be stigmatized as worthless, the general sense of humanity will conclude that the speaker has probably made shipwreck of its worth.

—*Lancet.*

The Lancet states that a high legal functionary, at an inquest upon the body of an infant, stated that "it is the invariable practice to let illegitimate children die." Hundreds of children annually die in Birmingham from improper feeding.

The Medical Press says that an attempt has been made to collect the views of medical men on the alleged degeneracy of the English race. Several replied that as a race the degeneracy is real. One attributes this to compulsory education, another to the prevalence of nameless crimes, a third to the want of a good basin of broth for dinner, and a fourth blamed it upon increased facility for locomotion. Most of the answers were that the race has not suffered because the unfit are kept alive to propagate, but there were numerous dissidents to this. All agreed as to the value of athletic sports.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING DECEMBER 1st, 1888.

SURGEON J. H. GAINES.—Detached from the "Dolphin" and ordered home.

P. A. SURGEON FRANK HENDERSON.—Detached from the "Pensacola" and to the "Dolphin"

SURGEON WM. H. JONES.—Detached from the "Richmond" and to the "Pensacola."

P. A. SURGEON A. C. H. RUSSELL.—Detached from the Naval Academy and to the "Wabash."

P. A. SURGEON N. H. DRAKE.—Detached from the "St. Marys" and to the Coast Survey.

P. A. SURGEON H. W. WHITAKER.—Ordered to the nautical school ship "St. Marys."

P. A. SURGEON D. O. LEWIS.—Detached from the Coast Survey and to the Naval Academy.

ASST. SURGEON A. R. WENTWORTH.—Ordered for examination preliminary to promotion.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM NOVEMBER 18, 1888, to DECEMBER 1st, 1888.

LIEUTENANT-COLONEL SMITH.—After being relieved by Lieutenant-Colonel Alden will report in person to the commanding officer, Department of Arizona, for duty as Medical Director of that department, relieving Lieutenant-Colonel Richard H. Alexander. Par. 10, S. O. 268, A. G. O., Washington, November 16, 1888.

By direction of the Secretary of War, leave of absence for four months is granted Lieutenant-Colonel Richard H. Alexander, Surgeon, to take effect from the date of his relief from duty as Medical Director, Department of Arizona, by Lieutenant-Colonel Joseph R. Smith, Surgeon. Par. 11, S. O. 268, A. G. O., Washington, November 16. 1888.

LIEUTENANT-COLONEL CHARLES H. ALDEN, SURGEON.—Is relieved from further duty at the U. S. Military Academy, West Point, New York, and will report in person to the com-

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PHILADELPHIA MEDICAL TIMES.

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No. 548. JANUARY 1, 1889. VOL. XIX

CLINICAL LECTURE.

AORTIC ANEURISM—HEMORRHAGE FROM THE LUNGS.

BY WM. OSLER, M.D,

Professor of Clinical Medicine, University of Pennsylvania.

YOU will remember that two weeks ago (PHILADELPHIA MEDICAL TIMES, No. 546) I showed you a patient who had profuse hemorrhage from the lungs in association with aneurism of the aorta. I told you that this was by no means infrequent, and usually resulted from erosion of the trachea or of a bronchus. A peculiarity in the case was that the patient, who had been under observation for nearly eighteen months, improved very much after the bleeding. When we last saw him the physical signs indicated that the aneurism was beginning to consolidate, and I expressed a doubt to you whether such a profuse bleeding could come from rupture into the trachea and re-

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covery follow. I have, however, seen instances in which hemorrhage has occurred three or four months prior to the fatal issue, and in which the post-mortem had shown erosion of the trachea evidently of long standing, which had been completely closed by dense lamin of fibrin. Such a case was shown at this clinic two years ago. Four months after the first bleeding the patient had a second attack in which he died. The trachea showed two perforations—an upper one completely occluded with fibrinous cloths, the tissue about it puckered and dark and the mucous membrane fibroid; and a lower orifice evidently more recent. Perforation of the œsophagus also occurred in this case.

I here show you a specimen which illustrates another source of hemorrhage. The patient, a man aged 37, came to hospital last Monday, the 3d, complaining of shortness of breath and great pain in the chest and in the right arm. Four weeks before he had profuse hemorrhage from the lungs which had left him weak and anemic. On examination there was diffuse pulsation in the second and third right interspaces, only just evident to the eye. There was dullness over this area extending from the left margin of sternum to a distance of three and one-half inches. The percussion resonance immediately beneath the clavical was also defective.

On ausculation, the heart sounds at apex were clear; at the base the second sound was audible, but not specially ringing in quality. There was a systolic murmur heard on the manubrium, and also over the area of pulsation followed by a soft but very distinct diastolic murmur which was not propagated down the sternum.

The man's condition was evidently critical and he was urged to remain in the hospital. He said, however, that he had some business arrangements to make and that he would return on the morrow. On the Tuesday afternoon, as he was walking along Woodland avenue, toward the hospital, he dropped dead.

The specimen, as you see, is a sacular aneurism springing from the ascending portion of the arch, projecting to the right and covered largely by the upper and middle lobes of the lung. Just at the margin of the pleura there is a linear rent from which the hemorrhage occurred into the pleura. The relation of the sac to the lung is what I wish you particularly to appreciate, as it probably explains the hemorrhage which he had four or five weeks ago. A large part of the wall of the sac is made up of pulmonary tissue. As the aneurism has enlarged it has first compressed then eroded the lung, and now, as you see, there are laminæ of fibrin shutting off the sac from the lung tissue. The trachæ is not in the slightest degree involved, as the aneurism has grown towards the right into the pleura.

This case illustrates one source of hemorrhage from aneurism. It is just when a tumor occupies this position, growing from the ascending arch into the right pluera and compressing the lung, that we have destruction of the pulmonary tissue and a condition favoring hemorrhage from this source. There is another rare cause of hemorrhage in aneurism which may be mentioned. It is from the swollen soft mucosa when the aneurism compresses, but does not erode, the windpipe. In such instances the patient may have bloody sputa for some weeks, but it is rare to have profuse hemorrhage from this source.

ORIGINAL ARTICLES.

ANTISEPTIC MIDWIFERY AS PRACTISED IN THE PHILADELPHIA LYING-IN CHARITY.

BY CHARLES MEIGS WILSON, SURGEON IN CHARGE.

EVERY patient upon entering the hospital is made to take a bath, the clothing is disinfected and stored away in an isolated room prepared for that purpose. She is then given a suit of hospital clothing, which she wears until the time that active labor pains commence. While in the waiting ward, pending the time of her confinement, her bed and clothing are changed twice a week, and she is compelled to bathe in a bath-tub twice a week. As soon as labor sets in the patient is given a hot bath at a temperature of about 90° F., and sent to the confinement-room, in an isolated portion of the building

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(which is always aired in the intervals between the confinements and in which everything is carefully changed after every confinement). She is then given a vaginal douche of corrosive sublimate of 1–2000 solution. She is not kept in bed, or indeed allowed to get in bed, until the first stage of labor is about to be completed. Upon rupture of the membranes she is given a second vaginal douche of 1–2000 corrosive sublimate solution.

Two students, two nurses, the resident physician and the attending physician are the only persons allowed in the confinement-room. The students are obliged to sign a book stating that they have not been in a dissecting-room or in contact with a septic case for at least twenty-four hours. The resident physician alone examines the patient per vaginam until after the completion of the first stage of labor. The students are then allowed to examine the patient for the intra-vaginal diagnosis of the presentation.

Every person examining the patient is compelled first to scrub their hands in warm water and carbolized glycerine soap with a nail-brush, special care being taken to see that the finger-nails are scrupulously clean. They are then compelled to rinse their hands in a 1–1000 corrosive sublimate solution, and not to dry them. The examining finger is then anointed with a lubricant composed of one part liquid carbolic acid (a 95 per cent. solution) to eight parts of olive oil and eight parts of petrolatum or albolene. The clothing of the examining arm is protected by having a towel wrapped around it, and the examiner or student, as the case may be, carries his hand under the sheet and examines the patient without exposing the nates. At the time that the child's head is about to be delivered the whole vulvar orifice is anointed with the lubricant previously mentioned. After the labor is completed the vaginal canal is irrigated with two litres of a millesimal solution of corrosive sublimate. If any manipulative aid has necessitated the carrying of the hand or instrument into the uterine cavity it is irrigated with half a litre of a 1–4000 corrosive sublimate solution. All douching, both of the uterine cavity and of the vagina, is done by hydrostatic pressure; the douche receptacle is made of glass, and the Kelly rubber pan is used to collect the waste and to prevent the patient's clothing and the obstetric bed from being soiled.

The douche nozzles are of hard rubber, and they, with the tubing connecting them to the glass douche receptacle, are always kept, when not in use, in a 1–1000 solution of corrosive sublimate. If the hand or forceps are carried into the uterus, or if there be extensive laceration of the cervix uteri, in addition to the intra-uterine douche after the placenta and secundines have been delivered, an iodoform bacillus is carried up into the fundus uteri. This bacillus is made after the formula of Braun and Spaeth, as described in Lusk's Science and Art of Midwifery, with the exception that it has added to that formula a few grains of gelatine, experiments with the water-bath at a temperature of 100½° F., having demonstrated the fact that the gelatine added delays the too speedy dissolution of the bacillus. The exact formula for the bacillus is as follows:

75 grs. pure powdered iodoform,
15 grs. powdered starch,
15 grs. powdered acacia,
15 min. pure glycerine,
2½ grs. gelatine.

The labor completed, and the primary aseptic treatment having been attended to, the vulvar outlet and the walls of the vagina are carefully inspected to see whether or not any tears have occurred. Superficial tears of the vaginal wall and of the floor of the perineum are lightly touched with pure carbolic acid. This gives the patient but momentary pain, and effectually seals up possible foci of septic infection.

Tears of any magnitude, involving either the vaginal wall or the perineal floor, are carefully cleansed with a 1–2000 corrosive sublimate solution. The tears are then carefully approximated with fine silver wire sutures, and the sutures clamped in position with compressed perforated shot, special care being taken to carry the sutures below the bottom of the rent. If there is any excess of hair about the vulvar orifice, or if the hair is long, so as to collect or prevent the escape of the lochial dis-

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charge, it is trimmed away, in order that the parts may be kept perfectly clean. This is the more important if there be a tear of the perineum.

The patient is then removed to the convalescent ward, and the external genitalia are carefully washed with a 1–2000 corrosive sublimate solution every three hours for the first seventy-two hours of her convalescence; after that, every four hours during the remainder of the time that she keeps her bed.

For napkins we use cheese-cloth which has previously been aspticized by immersion in a millesimal solution of corrosive sublimate. These napkins are used over and over again until the material is worn out, with the exception that those taken from any case with the slightest rise of temperature or lochial fœtor or other manifestation of septicæmia are immediately burned. The napkins are merely tucked in between the patients' thighs to act as an absorbing surface for the lochial discharge, and are not brought up over the vulvar orifice. Any portion of the patients' clothing or bedding that becomes soiled with blood or lochial discharge is immediately changed. Where we have to deal with post-partum hemorrhage, whether it be immediately after labor or whether it comes on several hours after delivery, we resort to the use of hot corrosive sublimate solutions of the strength of 1–4000 thrown into the uterine cavity to control it. In addition to the washing of the vulva, the patient for the first three days of her convalescence receives, as a matter of routine, a vaginal injection of corrosive sublimate of 1–2000. Wherever upon abdominal palpation we find that involution has not progressed satisfactorily, the patient is put upon the use of ergot and quinine in full doses. If, in the course of a few hours, the uterus fails to expel clots that may be in its cavity, they are removed with the finger; this being done, of course, by the resident physician, and not by the nurse. Whenever the patient's temperature rises to 101° F., which seldom occurs, the uterus is irrigated with a solution of corrosive sublimate of 1–4000, its cavity carefully examined with the finger for any fragments of retained placenta or secundines, and if any are found to be present, they are removed by using the exploring finger as a curette, and an iodoform bacillus is carried into the fundus. If the patient presents constitutional evidence of commencing septicæmia, as for instance, chill or hyperpyrexia, she is given at the same time 1 gramme of antipyrine. The nurses are never allowed to handle any patient without first disinfecting their hands with the corrosive sublimate solution. They are compelled to wear washed dresses, which are changed every day. For making the corrosive sublimate solutions we use the antiseptic tablets prepared by John Wyeth & Bro. some years ago at my suggestion. Each tablet contains $7\frac{7}{10}$ grs. of corrosive sublimate, and $7\frac{3}{10}$ grs. of muriate of ammonia. One of these tablets added to a pint of water makes an accurate millesimal solution. Each tablet has stamped upon it the word "poison" in an aniline dye so as to prevent their being used by mistake for any innocuous remedy.

Patients are grouped as far as possible in classes and are put in wards together, each ward containing only four beds, and only those patients put together in the same ward who have been confined within a period of 48 hours of each other; experience having taught that it is a very dangerous thing to put a woman freshly confined into the same ward with women who are in the seventh or eighth day of their convalescence. As soon as one group is able to leave a ward it is thoroughly scrubbed and aired and left vacant for 72 hours before another lot of convalescing women is put into it. While the ward is vacant the mattresses are all thoroughly aired by exposure to the open air and if possible to sunlight.

While all these precautions may be unnecessary in private practice, the author is convinced of their necessity in hospital work. And the happy influence that their observance has had upon the prevalence of septic infection and the normal convalescence which goes with their rigid observance, makes it very clear to him that they not only are necessary, but that the comfort and safety of the patient demand their rigid enforcement. With this care many patients go through their conva-

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lescence with the temperature never going higher than 99 deg. F. In no one instance have symptoms of corrosive sublimate poisoning or of iodoform poisoning prevailed. For the last three years the author has followed the same general plan of aseptic treatment in private practice with the happiest results.

It would be unfair to conclude the description of the aseptic precautions enforced at the Charity, unless we made mention of the aseptic care of the breasts. Wherever we have fissures or cracks of the nipple, the nipple is washed, before and after each application of the child to the breasts, with a saturated solution of boracic acid, and after the child is done nursing, the nipples are anointed with castor oil, any fissures that may be present being lightly touched with a fine camel's hair pencil wet with the compound tincture of benzoin. If the cracks are extensive, a solution of nitrate of silver (10 gr. to the ounce of water) is used instead of the compound tincture of benzoin. If the breasts are turgescent and there is a hyper-secretion of milk, they are supported with a Richardson bandage.

Before the child is put to the breast its mouth is carefully washed also with the boracic acid solution. With this care of the breasts not one case of mastitis has occurred in the last 200 confinements. As regards the danger of corrosive sublimate poisoning to the nurse, while many of them have been constantly on duty in the maternity wards for periods extending over two months, we have yet to record a case of mercurialism with any one of them.

Not only must we keep our patients scrupulously clean by the careful attention to the aseptic details previously described, but we must also see that each patient has an abundance of pure, fresh air. This we obtain in the hospital by having air drawn down from the roof through a large stack, heated in winter time in a hot air chamber and driven by a fan through all portions of the building, so that the entire cubic atmosphere of the building is changed, according to competent authority, once in every eight minutes. In addition to this we give each patient a superabundance of cubic air space.

Every room in the house has an open fire-place and all wards with a capacity of only four beds have two open fireplaces. The bed spaces are also so arranged with reference to the windows that we can get direct ventilation for every ward without exposing the patient to draught. The wards are kept at a uniform temperature of 68° F., and the patients are allowed only sufficient covering to keep them comfortably warm, the author believing that many cases of septic infection are encouraged by the excessive heat of the patient's body, predisposing to putrefactive change in the lochial discharge, especially if at the same time there is a lack of proper cleanliness.

While the last 60 cases in the new building have been without septic trouble amounting to anything, or placing the patient in any jeopardy, to illustrate the difference between the need of such strict antiseptic care where obstetric cases are aggregated under the same roof and the necessity for such strict antisepsis, it is only fair to state that in the out-door practice of the institution, embracing over 14,000 cases of labor, and where anything like an approach to antiseptic care has only obtained in the last three or four years, the death rate has been less than one-fourth of one per cent.

121 S. 17th St.

BRIEF REPORT OF A CASE OF POISONING FOLLOWING THE ADMINISTRATION OF A MINIMUM DOSE OF A NEW PREPARATION OF ACONITE ROOT.*

BY FRANK WOODBURY, A.M., M.D.,
Professor of Therapeutics, Materia Medica, and Clinical Medicine in the Med.-Chir. College.

I BEG leave to present to the College this specimen of aconite root, styled the "Normal Liquid Aconite Root," which purports to be three times the strength of the officinal tincture, (the formula given by the manufacturers, Messrs. Parke, Davis & Co., in order to make Tincture of Aconite, U. S. P., being to take of the normal liquid, one part, and of alcohol, two parts). The dose of the normal liquid is said to be

*Read before the College of Physicians of Philadelphia, Nov. 7th, 1888.

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from "grm. .03 to 0.13 (one-third to two minims), well diluted."

The following notes of a case will illustrate the physiological action of aconite in the human subject, and demonstrate the great activity of this preparation:

Mrs. X, who was nursing an infant three months old, took a drive Oct. 21st, and as the air was fresh, she came home rather chilled. Two days later, in the evening, she complained of pain in the right mammary gland, which was tumid, and one or more lobes were hard and tender. There was a slight central fissure of the nipple, which gave much pain when the child was nursed. She was suffering also with a severe headache and her face was flushed and burning; her temperature was 104° and pulse accelerated. No pulmonary symptoms. During the greater part of the day she had been feeling dull and could not keep warm, although she had no distinct chill.

As the appearances were those of incipient mastitis, I carefully measured fifteen minims of the aconite preparation, and mixed it with an equal number of teaspoonfuls of water, and administered one teaspoonful at once. Almost immediately after taking the first dose, the patient spoke of tingling numbness in her lips and constrictive sensations in her throat; about ten minutes later she vomited the contents of her stomach, consisting simply of tea and toast and the medicine. An hour later, as there had been no amelioration in the pyrexial symptoms, I gave another teaspoonful containing one minim of the normal liquid. In the course of ten or fifteen minutes well-marked symptoms from the effects of the aconite set in. The temperature fell, the skin became moist and cool, and the face was more natural in appearance, and the headache and pain in the breast were very much relieved. The patient complained that her lower limbs were like lead, and that she could not move them, though she could move the hands and arms. They also were the site of altered sensation. She had become now mildly delirious and insisted that the skin had been removed from her hands and wrists, at the same time that she was found to be insensible to pinching or pricking with pins as far as the elbows and in the lower limbs above the knees. She insisted that her lips were enormously swelled, although they did not present that appearance. Decided diplopia existed, and she complained of the existence of cloudiness of vision that made all objects indistinct and blurred. The pulse was soft, small, and compressible, and about 100 to the minute. As the patient seemed sinking into stupor, restoratives were given, hot drinks, inhalations of ammonia, heat to the extremities, with friction to keep up the circulation. The last procedure was strongly objected to by the patient as she insisted that the skin had been removed from the legs below the knee, and the forearms, although no change was observed from their usual appearance. In about two hours the diplopia and other nervous symptoms had gradually passed away, except that on the next day, or about twelve hours later, there were still noticed some persistent heaviness and numbness of the feet and tingling of the hands. The temperature on the following morning was 102° and did not rise again, possibly because quinine and antifebrin were administered in decided doses during the next two days, following the suggestion of Dr. E. E. Montgomery, who kindly assisted me with his counsel. The mammary gland was compressed by a bandage, and no further advance was made towards suppuration. The patient was soon able to use the breast again in nursing and has been quite well since, except that her skin remained moist for a few days and in two succeeding nights she had profuse sweating.

I have brought this brief notice before the college to-night, in order to illustrate, not the danger, because all active therapeutic agents of any value would be open to this objection, but the remarkable physiological activity of this form of preparation. I may also call attention to the convenience and ease of administration afforded by this new class of preparations and their portability. If a few such well-known agents were more frequently found in the hands of practising physicians, there would be greater accuracy and certainty in the administration of medicine; and, a point not to be despised, there would also be a decided reduction in the cost of medi-

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cinal preparations, which in a protracted illness tends to become very burdensome to the patient or his friends.

A COMPARISON OF ANTIPYRETICS.

BY M. F. GATES, M.D.,
Resident Physician Medico-Chirurgical Hospital of Philadelphia.

WITH a view of determining the relative value of antipyrine, acetanilid, phenacetine and Niemeyer's pills as antipyretics, some experiments have recently been carried on at the Medico-Chirurgical Hospital, in the medical service of Prof. Wm. F. Waugh.

The special point at issue was to determine which of these produced the most equable temperature.

Two patients suffering from hectic fever, due to chronic pneumonic phthisis, were selected, and to them the drugs were administered for varying periods, but under similar conditions. Their relative effectiveness seems to be best shown by comparing the average daily range of temperature during the administration of each.

For a period of four days, one of the patients took nothing of an antipyretic nature, and had an average daily temperature range of 3.4° F., which may be considered as the probable range, if unmodified by treatment.

Below is a table showing the average range under the use of various agents, and the number of days each was given, arranged in the order of their effect.

	Medicament.	Daily Dose.	Average Range.	How Given.	No. of Days.
1.	Acetanilid.	20 grains.	.7833+	Broken.	24
2.	Phenacetine.	6 to 12 grs.	1.1458+	Broken.	15½
3.	Antipyrine,	15 grains.	1.4666+	Broken.	8
4.	Phenacetine	6 to 12 grs.	1.9443	Both ways.	35½
5.	Phenacetine.	10 to 12 grs.	2.1089+	Single.	12½
6.	Creosote and Acetanilid.	5 gtt. & 5 grs.	2.1893+	Broken.	21
7.	Niemeyer's pills.	Three.	2.7079—	1 t. d.	24
8.	Acetanilid.	6 grains.	2.9844+	Broken.	9½
9.	Nothing.		3.40		4
10.	Phenacetine.	7 grains.	3.5321+	Broken.	7½
11.	Creosote.	3 to 15 gtt.	3.6503	Broken.	26½

From this we see that a uniform temperature was best maintained by acetanilid, in 5-grain doses four times a day, with phenacetine, 12 grains a day, given in divided doses second; and antipyrine, 15 grains a day third. Creosote, and small doses of phenacetine, gave ranges greater than when nothing was taken.

In the extreme range, from the highest to the lowest recorded temperature, the greatest—7.2 degrees—was noted while creosote was being administered, and the least—3.6 degrees—when antipyrine was used. However, acetanilid in large doses gave, in one set of experiments, a maximum range of 4 degrees, and in another of 3 degrees, which is the lowest extreme range found in any single trial; but, in doses of 6 grains a day, it gave a range of 5.6 degrees, which sets it back, in the table, to fourth place.

Creosote alone gave a maximum range of 7.2 degrees, and an average range of 3.65, while its combination with a daily dose of 5 grains of acetanilid gave a maximum range of 5.2 degrees, and an average range of 2.18 degrees, a reduction of 2 degrees and 1.5 degrees respectively.

The experiment covered in all a period of 147½ day's time.

We have since tried phenacetine in two cases for a period of five days each, giving each patient gr. v. four times a day.

The average range was 1.78 degrees, the extreme range, 4.2 degrees, and the highest point reached, 101.6 degrees.

GLYCERINE ENEMATA IN CONSTIPATION.

BY DR. P. S. DONNELLAN.

ABOUT twelve months ago Anacker, in an article in the *Deutsche Med. Woch.*, drew attention to a proprietary medicine made in Holland by a man named Oidtmann, and sold extensively in that country under the title of "Purgatif Oidtmann." It consisted of a small bottle of a viscid greenish-colored fluid. Accompanying each bot-

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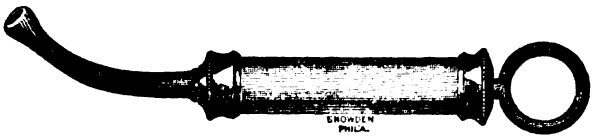
tle was a small syringe, with instructions that about half a drachm of the fluid was to be injected into the rectum, an immediate and copious action of the bowels resulting within two minutes. Anacker made an analysis of this "purgatif," and found its action was due to the glycerine it contained, which, by its hygroscopic properties, withdrew water from the mucous membrane of the rectum; the circulation in that part of the bowel being rendered more active, peristalsis was set up and defecation ensued.

In the London *Lancet*, January 7, of the present year, Vamossy gives his experience of the result of glycerine enemata in 150 cases of constipation arising from various causes. He found its action uniformly successful. The stool was not loose, like that produced by purgatives, but well formed, and the more fœcal accumulation existed the better the glycerine enemata acted. A



few sensitive patients complained of a burning sensation at the anus when pure glycerine was used, so Vamossy suggested a mixture of three parts of water with one of glycerine, with excellent results.

The accompanying cut represents a hard rubber syringe which Mr. Snowden, the well-known instrument maker of this city, has kindly made from a design furnished by me. It acts admirably, and from the size of the instrument and the curve of the pipe can easily be used by the patient alone. In several cases of constipation occurring in my practice, in which I have prescribed the glycerine enemata, the results of my observations are as follows: There is uniformity of action without excessive peristalsis or tenesmus; there is no secondary constipation, the muscular tone of the bowel being improved. From the portability of the apparatus, it is peculiarly adapted to people who suffer from constipation while travelling.

TRANSLATIONS.

ACTION OF PHENIC ACID IN DISEASES OF THE SKIN.

IN the service of M. Augagneur, M. Bertolus has studied again the action of this acid, administered internally in diseases of the skin. He believes the remedy useful in prurigo and in certain varieties of eczema of a lichenoid type. But when the cutaneous affection is determined by the anatomical lesion, or by a parasite, phenic acid remains powerless. It is necessary to reserve it for pruriginous affections of nervous origin. These are his conclusions: 1. Phenic acid internally is an excellent remedy for prurigo d'Hebra. It not only diminishes the itching, but it acts upon the papillary eruption. It modifies favorably those rare eczemas, the lichenoid. 2. Phenic acid appears to act directly upon the nerve extremities. It is useless to exceed the daily dose of 4½ grains to 7½ grains for children, or 5½ to 9½ for adults. If one does not succeed with these doses, better results will not be obtained in employing larger ones. The administration of phenic acid in these doses has been continued during some weeks and months without causing the least discomfort. —*Revue de Thér.*

SURGICAL TREATMENT FOR CICATRICES OF THE HAND.

JUENGST has treated three cases of vicious cicatrices of the palm, with flexed fingers, following burns. He had recourse to the Italian method of autoplasty.

He made a large incision in the skin; then divided the cicatricial tissue in many places, so as to allow complete extension of the fingers. He then cuts from the lateral aspect of the thorax, on the opposite side, a pedicled fragment, whose dimensions correspond with the loss of substance on the hand, and is even a little larger, and this is fixed in place upon the hand by catgut sutures.

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The hand is retained by an immovable dressing for sixteen days, when the pedicle is cut. The results were quite satisfactory.

—*Revue des Scienc. Méd.*

OLEATE OF ZINC IN GYNECOLOGY.

This substance fulfils several indications. It is caustic or rather astringent; but to insure its antiseptic action Haslam recommends its mixture with iodoform, either in equal parts or in the proportion of one part zinc to two of iodoform. The indications for its use are in cancerous ulceration of the neck, of which it diminishes the pain, discharge and offensive odor; in endometritis, to lessen the hyperthermic congestion. The methods of local application he prefers are either insufflation or application by tampon. Then, according to the author, its therapeutic value is much greater than that of bismuth, alum or the oxide of zinc. It adds to the uses of iodoform the advantage of being an astringent. There is in this substance a topical application, without doubt, worthy of trial in those cases where caustics are too generally used.—*Gazette de Gyn.*

ASEPSIS AND ANTISEPSIS.

ABADIE affirms that asepsis is much more important than antisepsis. It is his custom to boil all that he uses in operations—instruments, water for lavage, sponges, etc. Boiling does not injure the instruments, and effectually destroys the microbes. In operating upon the eye it is especially important to wash thoroughly the conjunctival cul de sacs. M. Gayet, of Lyons, has stated in a recent work, that these places were always attacked by microbes. If, in spite of all these precautions, the corneal plain becomes infected and threatens to suppurate, the best method of treatment is to touch the edges every twelve hours with the galvano-cautery at white heat. M. Abadie has thus frequently arrested suppuration. He compares the reliability of its action with that of nitrate of silver in purulent conjunctivitis.—*Bul. Gen. de Thér.*

DIPHTHERITIC CONJUNCTIVITIS.

ABADIE asserts the efficacy of lemon-juice in this disease, as recommended by Frengal. He had occasion to treat three children with this affection, and tried the lemon-juice on one, and antiseptics, galvano-cautery and iodoform on the others. The rapidity of the cure of the eye treated by lemon-juice was remarkable; and this remedy appeared a specific in this disease, as nitrate of silver in purulent ophthalmia.

—*Bul. Gen. de Thér.*

OCULAR ANTISEPSIS.

The oxycyanide of mercury is a very reliable salt; soluble, not acid; does not precipitate the albuminoids as the sublimate does, and scarcely acts on metals. It is better borne than the bichloride, and is more active than this upon the micrococcus aureus. Chibret employs a solution of this salt in $\frac{1}{1500}$, and gives it in the form of prolonged baths, as its effects are more powerful when contact with the mucous membrane is more prolonged. He also washes the anterior chamber after the operation for cataract, and leaves his instruments immersed in the solution many hours before operation.

HIRSCHBERG, of Berlin, employs a solution of the sublimate in $\frac{1}{1500}$ in the operation for cataract; and Mayer a sublimate solution, $\frac{1}{1500}$, in the same operation. —*Bul. Gen. de Thér.*

FOR NASAL GONORRHŒA.

℞ Pulv. caffeæ ustæ.....3 jss
Pulv. cubebæ .....3 j
Pulv. iodol.....3 ss
M. S. To be used four times daily.

—*Monia.*

TOILET CREAM.

℞ Lanolini.....gr. lxxv
Ol. amygdalæ dulc.....gr. lxxv
Sulphuris precip.....gr. lxxv
Zinci oxid .....gr. xl
Ext. violet.....gr. vij
Alkanet, q. s. M.

This is very useful in the treatment of acne, pimples and roughness of the face, and the little tuberosities which, under the name of comedones or grubs, disfigure the faces of youths.

—*Fossati.*

FOR VESICAL LAVAGE IN CYSTITIS.

℞ Resorcini .....part. ij
Tinct. opii,
Cocainæ mur.....āā " j
Aquæ dest..... " cccc.
M. S. For lavage, to be used lukewarm.

—*Ullmann.*

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FOR DYSPEPSIA WITH PALPITATION.

℞ Tinct. cardamomi comp....℥ ij
Sp. ammoniæ aromat.....℥ ij
Sodæ bicarb.....℥ j
Inf. gentianæ.....℥ vss
M. S. A teaspoonful as needed.
—*Mac Robin.*

FOR BURNS.

℞ Iodoformi.....℥ j
Ext. conii.....℥ ss
Acid. carbolici.....gr. ℈
Ung. rosæ.....℥ j. M.
—*Gomez de la Mata.*

HOSPITAL NOTES.

JEFFERSON HOSPITAL.

HYSTERICAL SPASM OF LARYNX.

DA COSTA exhibited a female patient, aged 34 years, unmarried, who suffered from attacks of persistent hiccough. The spasms were very distressing, and occurred on an average about fifteen times a minute. They were not affected by swallowing, and did not affect the patient during the night. Four years ago she complained of a feeling of soreness over the abdomen and region of the ovaries; while pressure elicited distinct tenderness in the course of the intercostal nerves and along the spinous processes. Her appetite was good, bowels regular, urine normal. The uterus was not examined. Da Costa considered the case one of hysterical spasm of the laryngeal and pharyngeal muscles, and indicated the following line of treatment: Strict attention to hygiene. The free administration of chloral, ten grains every two hours. Ice-bags to the spine morning and evening, with rest in bed during the menstrual epoch.

HYSTERIA SIMULATING EPILEPSY.

At DA COSTA'S clinic recently an instructive case of hysteria was shown. The patient was a female aged 17. Her mother said, for the past three months she had had "fits," of which two varieties were described: one in which there was complete loss of consciousness, the other in which the patient was "dazed" for a few moments and the attack passed off. The menses were regular, but scanty and painful. No tenderness on pressure over the ovaries. Urine was normal; no evidence of albumen or sugar; sp. gr. 1014. Appetite good; bowels regular.

Da Costa considered the case might easily be mistaken for epilepsy on account of the history of loss of consciousness; but then, as he pointed out, the patient did not bite her tongue, and the attacks never occurred when she was alone. Prognosis favorable. The treatment to be directed to lowering nerve tension: three-grain doses of valerianate of zinc four times a day.

PROGRESSIVE MUSCULAR ATROPHY.

DA COSTA states that the treatment of this affection should be directed to producing alterative effects on the central parts of the nervous system involved. With that object the preparations of mercury and iodine were indicated; but in a case before his clinic, Da Costa prescribed 5 minims of Fowler's solution with a tablespoonful of cod-liver oil after each meal.

SUPPOSED INTRACRANIAL TUMOR.

A peculiar patient, aged 43, was first presented. Da Costa gave a history of right sided headache since April, which became bilateral since September. The pain was more severe at night, and was occasionally accompanied with attacks of delirium. There was no history of syphilis, and no evidence of lead poisoning. Examination of the retinæ revealed extensive changes in both optic nerves, and patches of atrophy in the retinæ. The heart and lungs were found to be normal, while examination of the urine yielded negative results. Da Costa considered the case either due to intracranial pressure from a cerebral tumor or the result of chronic meningitis, but was unable to make a positive diagnosis until he had the patient under further observation. As she had improved under previous treatment with iodide of potassium, he directed 20 grains of that drug to be given three times a day with 30 grains of the bromide at bedtime.

ANTERO-LATERAL SCLEROSIS.

The next case was that of a bricklayer, aged 52, who complained that since February he began to notice a staggering in his limbs and some difficulty in walking owing to his legs being thrown into a state of rigid spasm. He

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had occasional attacks of headache and colic. The patellar tendon reflex was markedly exaggerated on the left side, and ankle clonus could also be developed on same side. There was entire absence of these phenomena in the right side. The electrical reactions were normal. There was no history of syphilis, alcohol or lead poisoning. The lungs and heart were normal except for marked accentuation of the second cardiac sound at the base. The urine was found to be normal. Da Costa considered the case a well marked example of antero-lateral sclerosis beginning in the right hemisphere of the cord. He prescribed the $\frac{1}{30}$ grain of bichloride of mercury three times a day with a view to creating its alterative effects on the cord, and the $\frac{1}{100}$ grain of the hydrobromate of hyoscine at night.

PARALYSIS AGITANS.

A man, aged 57, a farmer by occupation, was next shown. He stated that for the past five years he was subject to tremors in his upper extremities, which commenced in the left arm, extended to forearm and hand, and then affecting the right forearm and hand in the same way. The tremors were rythmic in character, becoming very much exaggerated when the muscles were at rest, and ceasing entirely upon voluntary motion, as when he buttoned his coat or put his hand to his head. The tremors had extended into his left leg, but the right leg and head were unaffected. Paresis existed in both arms, the dynamometer indicating 23° grasp with left hand and 44° with right. Paresthesia was present, the patient stating that he felt two points instead of one, or three instead of two when his sensibility was tested. His gait was fairly normal beyond some stiffness of the leg muscles. The speech was also normal except for a slight scanning of his words. Examination of his heart showed the existence of a well-marked systolic murmur loudest at the base. His pulse was 66, and intermittent. Da Costa concluded that the case was one of paralysis agitans, and considered that the fact of the tremors ceasing on voluntary motion, and there being no sensations of heat and cold complained of, served to distinguish the case from one of multiple sclerosis. He stated that the pathology was obscure; but that lately some observers were inclined to place the seat of the lesion in the corpora quadrigemina, the vessels of which were supposed to be affected with atheromatous changes. An unfavorable prognosis was given, and treatment was restricted to $\frac{1}{100}$ gr. hyoscine, three times a day, with liberal diet.

CHRONIC MENINGITIS.

A very interesting case concluded the clinic. The patient was a man aged 30, an engineer. He complained of cramps in his stomach for the past year. The attacks occurred on an average about three times a week, and were occasionally attended with loss of consciousness, lasting for about twenty minutes, and followed by temporary aphasia, the patient forgetting the names of his wife and friends. He was the victim of hallucination, and imagined people were attacking him. Severe headache, of a general character, was complained of. Ophthalmoscopic examination showed atrophy of the right disc, with œdema of both nerves and minute extravasations of blood into the retinæ. The reflexes on both sides were exaggerated; there was no ankle clonus. The urine contained pus, but no casts. There was no history of syphilis. Da Costa said that the diagnosis lay between chronic meningitis and tumor, the evidence being strongly in favor of the former. The age of the patient, and the presence of delusions, inclined to the belief that chronic meningitis was the disease that existed. The temporary aphasia was supposed to be due to disturbance of the cerebral circulation in the region of the third left frontal convolution. The treatment consisted in counter-irritation of the back of the neck, with large doses of iodide of potassium, 20 grains three times a day; and bromide or sulphonal at night to produce sleep.

"A very good way to prescribe bichloride of mercury is to add one grain of chloride of ammonium to each dose. This renders the mercury salt more soluble and increases its efficacy."

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MEDICO-CHIRURGICAL HOSPITAL.

CLINIC BY PROF. W. H. PANCOAST.

(Reported by Dr. P. S. Donnellan.)

VASCULAR TUMOR OF CHEST.

A child aged five months was first shown. A vascular tumor, circular in shape, the size of a silver dollar, was found on the anterior and upper portion of the sternum. It was flattened at the top, and had the appearance and color of a nævus. The mother stated it was present at birth, and had grown rapidly. Pancoast proposed an operation, and stated that when you discover a superficial tumor that threatens to grow, early extirpation is the proper treatment.

INJURY TO HIP JOINT.

The next case was an interesting one. A child aged 16 months was brought before the clinic. Her mother said she had fallen out of bed a month previously, and sustained an injury to the left hip which prevented her from walking. Examination under chloroform showed the existence of some resistance in the left limb, which could not be flexed or extended with the same freedom as the unaffected one. There was no evidence of fracture or dislocation, but the ilio-gluteal fold was somewhat obscure. Pancoast considered the "pad of Havers" in the joint had been injured, which was the cause of the trouble. He laid stress on the importance of recognizing joint affections of this kind, and said that experienced surgeons had often mistaken them for fractures and dislocations.

As to treatment, he recommended absolute rest in the recumbent posture, with extension of the limb by means of a small weight (two ounces) the counter extension being obtained by raising the foot of the bed. A blister was also ordered to be applied behind the great trochanter.

FRACTURE OF SCAPULA.

A man aged 38 years was next brought before the clinic. He gave a history of having slipped on a banana skin a week previously, sustaining an injury to his left shoulder joint.

He was unable to put his hand to his head, or raise his elbow. The patient having been etherized, a careful examination was made of the injured joint. There was no visible deformity, nor was there any evidence of dislocation of the head of the humerus. After a prolonged examination, Pancoast managed to elicit crepitus by fixing the scapula and rotating the humerus. He diagnosed the case as one of fracture into the glenoid cavity, which, he said, was a comparatively rare injury.

Treatment—A pad in the axilla with a triangular bandage to support and fix the arm.

VARICOSE ULCER.

A case of varicose ulcer concluded the clinic. The patient was a man aged 66, a saloon keeper by occupation. He had a large varicose ulcer of his left leg of a year and a half duration. The superficial veins were greatly enlarged, and the leg was much congested, as shown by its deep purple color. There was no difficulty as to diagnosis.

Treatment—Pancoast punctured the congested limb, which he said was the first and most essential method in the treatment.

When the hemorrhage had ceased, the ulcer was dressed with a water-dressing, the limb being firmly bandaged from the ankle to the knee.

CLASSIFICATION OF ULCERS.

"The simplest, best and most practical classification of ulcers is: 1st, acute or chronic as to their duration; 2d, simple or specific as to their cause."—*Pancoast.*

TREATMENT OF URETHRAL STRICTURE.

PANCOAST says: "I always endeavor to cure urethral strictures by dilating them. This is the best way to treat them. If I cannot dilate them, I perform internal urethrotomy by means of my instrument, which is a modification of Maisonneuve's. It consists of a filiform bougie sufficiently fine to pass through the most minute opening; attached to this is a silver rod like a catheter, in a groove in which slides a small triangular knife.

"When the filiform bougie passes through the stricture the knife is pushed forward and the constricting band incised. I have performed internal urethrotomy with this instrument over a hundred times, and the result has been uniformly successful."

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PENNSYLVANIA HOSPITAL.

GANGRENE IN DIABETES.

MORTON at a recent clinic exhibited a female patient aged 60, suffering from gangrene of the right foot of six weeks' duration. There was well-marked diabetes, the urine having a specific gravity of 1040, and loaded with sugar. Morton stated that the occurrence of gangrene in diabetes was not so rare as most surgeons supposed. He, himself, had records of 14 cases in his own practice. It arises most frequently in those who are surrounded by luxury and comfort, being extremely rare amongst the poor. He obtained from the authorities of the Norristown Asylum the interesting statement that in 20,000 cases of pauper insanity treated in that institution, not a single case of gangrene occurred amongst the diabetic patients.

In the patient before the clinic the gangrene had commenced in the dorsum of the foot, and an attempt was made to check its progress by means of free incisions. This was unsuccessful, so Morton decided on amputation of the limb, and selected Teale's operation as the most suitable one under the circumstances.

The patient having been anæsthetized, the usual incisions were made and the bone sawn through, bleeding vessels were secured, a drainage tube inserted, and the limb dressed antiseptically. Morton gave a doubtful prognosis, having regard to the age of the patient, the presence of glycosuria, and the evidence of atheromatous changes in the vessels.

EXAMINE THE URINE BEFORE OPERATING.

MORTON says: "I make it an invariable rule to examine the urine of every patient on whom I am going to operate, except, of course, in cases of extreme emergency. The presence of albumen or sugar largely influences my prognosis."

RULES FOR INCISIONS IN TEALE'S AMPUTATION.

"1st. Select the place where you are going to cut the bone.

2d. Take circumference of limb at that point. Half that will be the length and breath of the long flap.

3d. One-fourth the length of the long flap will be the length of the short flap."—*Morton.*

A NEW ANTISEPTIC POWDER.

"Iodoform has many objections as an antiseptic dusting powder in operations, not the least being its unpleasant odor. Then it has been found by experiment that its germicidal properties are not so great as were at first supposed. In all my future operations I intend using a mixture of one part of bichloride of mercury with 1000 parts of oxide of zinc." —*Morton.*

SUBNORMAL TEMPERATURE IN MALARIA.

WAUGH says: "I believe subnormal temperature to be quite common during recovery from the malarial fevers of the tropics."

TONICS IN CONVALESCENCE FROM MALARIA.

"There is no more debilitating disease than malaria, and none in which tonics are more called for during the convalescent stage. Huxham's tincture of bark is one of the best tonics, given in full doses;—a tablespoonful three times a day before meals. The preparations of iron—as five minims of the tincture of the perchloride before each meal—will be found useful to supply color to the red blood corpuscles, as there is always marked anæmia in malaria." —*Waugh.*

VICARIOUS MENSTRUATION—STIGMATA.

WAUGH presented a most interesting case to his clinic.—A young girl aged 14 years stated that for some months past blood appeared on her forehead in the form of drops like perspiration. This curious phenomenon was preceded by a small papular rash, and showed a distinct tendency to periodicity, though occasionally it occurred if the patient was engaged in work or was unduly excited. Her menses had not yet appeared Waugh diagnosticated the case as one of vicarious menstruation in the form of stigmata, and called attention to the fact that such cases were usually found in females of an emotional temperament. He instanced the famous case of Louise Lateau, who had stigmata on her brow, her hands and feet, which were supposed to be the result of a miracle. With regard to treatment,

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Waugh considered that a persistent use of mild remedies to stimulate the pelvic organs was indicated, and prescribed ¼ grain doses of aloes, three times a day, and advocated Faradization. He was of the opinion that the trouble was purely of nervous origin and that it would cease when the menstrual function was established.

CHRONIC DYSENTERY.

WAUGH exhibited a middle-aged man who gave a history of chronic dysentery of a year and a half's duration. The stools were mixed with blood and very offensive when the patient first came under observation. Examination per rectum failed to discover any ulceration of the lower bowel. Under treatment with acetate of lead and opium the symptoms subsided and the stools became more normal, but as Waugh pointed out, that did not cure the disease. He tried a new method—5 grains of iodoform in suppositories at night—with excellent results, the blood and tenesmus having disappeared, and the stools becoming natural.

Waugh took occasion to point out that in the treatment of chronic dysentery during the war of the Rebellion, the best results were obtained by the use of opium in pill, and it was an interesting fact, that the older and harder the pills were the more efficacious they seemed to be. He considered this apparent paradox was explained by the fact that the pills were not so rapidly disintegrated and absorbed, but were brought more directly in contact with the affected portion of the bowel.

"Don't be in a hurry to change a medicine you find to be doing good; get the utmost possible benefit out of it first."—*Waugh.*

AORTIC STENOSIS FOLLOWING SUBACUTE RHEUMATISM.

WAUGH brought before his clinic a female patient aged 71 years, who gave a history of several attacks of "pains in her joints," beginning in the fingers and attacking on different occasions the other articulations. At no time was the pain severe, neither was there any swelling, redness, acid perspiration or high temperature. Examination of the heart showed that the left ventricle was hypertrophied and a soft systolic murmur could be heard at the base over the aortic valve. Waugh considered the case one of aortic stenosis, but the symptoms were very mild, owing to the hypertrophy being yet compensatory. He thought it a favorable one for the exhibition of iodide of potassium, which he prescribed in five grain doses three times a day, with the view of reducing the hypertrophy and absorbing some of the endocardial deposit, in addition to the sedative action on the cardiac circulation. He also called attention to the value of hygiene in these cases. He stated that he had repeatedly known valvular murmurs disappear after a course of iodides.

MIGRAINE.

℞ Tincturæ opii deodorat....℥ iij–x
Potassii bromidi.....gr. xv
Aquæ camphoræ,
Aquæ cinnamomi.....āā f℥ j M.
Sig.—Take as a dose every hour or two, till the patient goes to sleep.

When he wakes, the migraine will probably be gone. It is then often well to put the patient on a course of strychnine as a prophylactic measure.

—*Woodbury.*

SYCOSIS MENTI.

For a bad case of sycosis, marked by a thick mass of pustules and scabs on one side of the face, and of a year's duration, SHOEMAKER gave this treatment: Wash the parts with tincture of green soap, in order that the crusts may be removed, and the ointment take effect. Apply, twice a day, a five per cent. ointment of oleate of mercury. Internally, give doses of dr. ss–dr. j of syrup of hydriodic acid. Shoemaker says that the syrup of hydriodic acid is valuable in all cases of either present or impending suppuration, such as boils, carbuncles, abscesses and the like. Some old and obstinate cases of sycosis will yield to galvanism, ten to fifteen cells. Considerable improvement was noticed in this instance after but one week's treatment.

SEBORRHŒA SICCA.

How deforming this malady may become was shown by a case before SHOEMAKER'S clinic. It was that of an old woman whose forehead and cheeks were

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disfigured by a mass of the dried and blackened secretion; so that, at a short distance, she looked as if she had on a black dotted veil. The scales were softened by a starch poultice and removed, both by scraping and by the application of tinctura saponis viridis. The parts were regularly mopped with cotton saturated with equal parts of boric acid and glycerine; and, internally, the patient was given gtt. v–x of the fluid extract of hydrastis ter die. The patient is improving rapidly.

A LONG PREGNANCY.

A woman came before the gynæcological clinic for examination, who claimed that she was pregnant, and had been in that condition for seventeen years, remembering perfectly well when the conception took place. No argument could convince her to the contrary.

ONE OF THE RESULTS OF GONORRHŒA.

MONTGOMERY removed at his clinic a few days ago both ovaries of a young woman, for cystic degeneration. In addition to this trouble the patient had pyosalpinx. Sometime previously she had gotten a gonorrhœa. This had proceeded up through the uterus and out the tubes. The walls of the tubes were already so weakened by the suppuration that one broke while Montgomery was gently trying to loose some of the numerous adhesions, and the contents discharged into the abdominal cavity. Had the operation not been performed, Montgomery said, this pus sac would soon have broken spontaneously, causing peritonitis and probable death. Such instances are not of rare occurrence.

DOSAGE.

WAUGH says that the action of the scientific investigators, who note that it takes so much of a drug to kill a kilogramme of rabbit, ought to serve as a guide in dosing; that a large, solid and strong patient should, as a rule, be started on a dose larger than that given to a patient of different characteristics.

FRESH AIR FOR CHILDREN.

Nothing is so useful to children under six as fresh air. Even on a damp day the outside air is preferable to that which is inside, vitiated by being breathed again and again. But the children should not be taken out till the sun or the light has dispelled that peculiar dampness which comes even in a summer night. About eight o'clock is a good time. —*Atkinson.*

GONORRHŒA.

The number of different injections for this trouble is legion, but GARRETSON says he has always found this one satisfactory:

℞ Chloral hydrat.,
Zinci sulphatis.....āā..gr. ij
Aquæ.....ʒj M.

CHILDREN'S CLOTHING.

A great cause of cholera infantum and cramps in the abdomen ATKINSON believes is chilling of the limbs, thus driving the blood to the internal organs. He is a strong advocate of warm clothing for children, and no exposure of their little legs and knees, no matter how pretty they may be. Again, children are, as a rule, restless at nights, and he thinks they should be clothed during the night in some garment that they cannot kick off.

EARACHE.

WOODBURY advises this as a lotion for the pain in earache:

℞ Morphinæ sulph.....gr. v
Atropinæ sulph.....gr. j
Aquæ dest.....fʒj M.

HYDROCELE IN THE NEGRO.—DOUBLE HYDROCELE.

GOODMAN had an interesting case of both hernia and hydrocele in a negro. The pigment in the scrotum was so dense that the light test was of no service, so he tapped tentatively with a small trocar. Fluid was found and after it was removed an incomplete scrotal hernia was discovered. At the same clinic, Goodman had a case of double hydrocele; one of the cord and one of the tunica vaginalis.

DANGER IN REMOVING AN EYE.

Never enucleate an eye when there is suppuration in it, for it has been found that the inflammation has a tendency to go back into the brain.

CYST IN THE NECK.

GARRETSON removed from the right cervical region a huge cyst, weighing

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twenty-eight ounces, which he considers to have been a cyst of the thyroid gland. After its removal all the great vessels of that side of the neck could be seen, and even the arch of the aorta could be touched. The patient is rapidly recovering.

EVIL OF WORM MEDICINES.

ATKINSON thinks it desirable never to give worm medicines proper till one is made sure that worms are present, by the only positive sign—having them passed. He says that scarcely a week passes in which he does not have a child brought to him who has been materially hurt by being dosed for worms.

For thread worms he considers injections of a strong solution of iron about the best remedy.

CATARACT.

Cataract results from malnutrition of the lens, and it has been found that most of the people with cataract have suffered for years from dyspepsia.

—*Keyser.*

PROGRESSIVE PERNICIOUS ANÆMIA.

HUTCHINSON, in discussing a case of this disease before his clinic, said, it was not necessarily always fatal, nor was the anæmia progressive, therefore its name is a misnomer. It was first mistaken for Addison's disease, owing to the peculiar discoloration which existed. Examination of the blood showed the red corpuscles only numbered 1,700,000 to a cubic millimetre, and were altered in shape. There were no hematoblasts discovered. He considered arsenic to be the only drug from which any benefit might be expected.

ARSENIC IN SKIN DISEASES.

"In cases of skin disease, where I prescribe arsenic, I push the remedy until gastric symptoms begin to be developed. Then I gradually reduce the dose. It should always be given at meals, or immediately after meals. As persistent use of arsenic will sometimes produce albuminuria, it is therefore desirable to examine the urine at frequent intervals." —*Hutchinson.*

LAPAROTOMY.

At his clinic, Dec. 18th, MONTGOMERY again removed the uterine appendages for cystic degeneration of the ovaries, accompanied by excruciating ovarian neuralgia. This is the fifth laparotomy he has performed before his clinic this term, and all with perfect success.

CHILDREN'S HOSPITAL.

POST-HEMIPLEGIC CHOREA.

J. MADISON TAYLOR brought before his clinic a case of the above rare affection. The following was the history: The patient, a boy aged three years, had been healthy from birth until three months ago, when he had the "night terrors" resulting from being frightened during his sleep. Next morning his left arm was found to be paralyzed, the paralysis showing no signs of improvement. Two months afterwards his left leg was attacked in a similar manner. Examination at the clinic showed the left arm and leg to be paralyzed, and that a curious rhythmic spasm existed in the affected limb. The paralysis was purely motor, but there was slight evidence of anæsthesia. Dr. Madison Taylor diagnosed the case as one of post-hemiplegic chorea, and considered it resulted from vascular occlusion in the motor tract—an area of softening was thus formed commencing in the arm centre and spreading to the leg centre.

PROLAPSE OF THE RECTUM.

WHARTON recently treated a case of the above by "Allingham's Method," which he thus describes:

The patient having been etherized is placed in a suitable position. The prolapsed bowel is carefully wiped to remove mucus. The skin of the buttocks is anointed with oil. Then the exposed tumor is thoroughly painted with fuming nitric acid and returned, a pledget of lint being inserted into the anus and the legs brought together. After the operation the patient is kept quiet by means of small doses of opium, and when the strapping is removed an excellent result is generally found. Wharton pointed out the extreme frequency of prolapse of the rectum in badly fed, delicate children.

INTER-CONDYLOID FRACTURE OF HUMERUS.

WHARTON showed an interesting case of this fracture in a boy aged six. He considered the injury was most likely

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to be confounded with dislocation, and mentioned the following points in diagnosis as in favor of fracture between the condyles: The presence of severe pain, marked widening between the condyles, ecchymosis occurring on the anterior aspect of the joint, and not appearing until some days after the injury. No decrease in measurement between the condyles and styloid processes of the radius and ulna. On fixing the lower end of the humerus the forearm can be flexed. The presence of crepitus. A favorable prognosis was given. *Treatment* consisted in the application of an anterior angular splint, the arm being kept in a sling. Passive motion should be commenced early, and practised every time the splint was removed.

INJECTIONS INTO THE UTERUS.

"Never inject anything into the womb unless the cervical canal is thoroughly and completely dilated."
—*Goodell.*

TREATMENT OF MENORRHAGIA.

"In menorrhagia, where all remedies have been tried without success, pass in a sharp curette, and thoroughly curette the endometrium. I have yet to see the case in which this mode of treatment fails." —*Goodell.*

UNIVERSITY HOSPITAL.

REMOVAL OF SUPPOSED SARCOMA FROM FIBULA.

AGNEW recently removed a tumor from the upper third of the left fibula in a female patient aged 43. The growth had begun about two years ago and caused no inconvenience beyond occasional attacks of pain of a neuralgic character. Owing to its intimate connection with the fibula, Agnew though he might have to excise the upper portion of that bone, which, as he pointed out, would cause eversion of the foot unless an improvised socket was made for the new head by drilling a hole on the outer side of the tibia. This, however, was not found to be necessary. The operation was conducted with strict antiseptic precautions. The limb was first rendered bloodless by means of Esmarch's rubber bandage and tourniquet. An incision was then made over the tumor in the long axis of the limb to a length of about 4 inches. The muscles and fasciæ were carefully divided until the tumor was exposed and carefully freed from the surrounding soft structures to which it was attached. Agnew then removed it by means of a bone forceps from the fibula. The tumor was about the size and shape of a large egg and was of dense consistence. Agnew considered it was most likely a sarcoma, but explained that its structure could not be positively determined until a microscopic examination had been made.

GERMAN HOSPITAL.

AORTIC ANEURISM.

BRUEN presented a patient about 45 years of age, blacksmith by trade, who has had a cough since last April, without much expectoration; pain between the scapulæ, running down the spine, preventing the patient from sleeping; pain increased in the recumbent position.

On examination was found: respiratory murmur nearly normal; pulmonary resonance good, no rales; between second costal cartilage and clavicle was heard a low-pitched blowing murmur, audible below the sternal notch, not transmitted to base of heart or carotids.

Examination of the aorta in the back, negative, but at the right side of the supra-scapular region it gives a humming sound.

On account of the slight rise of temperature (99°) and the constant pain, which is increased by the recumbent position, and relieved by sitting up and bending forwards, and on the presence of a local systolic murmur, the diagnosis of aortic aneurism, pointing backwards, was made.

To relieve pain he gave antipyrin gr. ij four times a day.

To favor absorption and coagulation of the aneurism, potassii iodidi gr. lxxx, aquæ f℥ij. M Sig. ℥j in a cup of milk three times daily. Dry diet and rest.

For external use veratriæ vel aconitiæ gr. ij; extr. belladonnæ gr. xx; adipis ℥ij M. If this should not relieve pain, he would use as an external counter-irritant olei tiglii f℥j; etheris f℥ij; tr. iodi f℥v. M. S. Apply between interscapular regions.

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PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, JANUARY 1, 1889.

EDITORIAL.

THE PROVIDENT DISPENSARY.

WE have already adverted to the Provident Dispensary system, and spoken of its obvious merits. There can be no question that the present free dispensary methods tend to foster the growth of the pauper spirit, at least so far as regards the reception of gratuitous medical advice. Most of those who attend free dispensaries do so from motives of economy rather than of necessity. Scarcely any are so poor but that they are able to pay a little for their treatment.

The Provident Dispensary appeals to the better feelings of these classes, by providing a way to obtain advice and medicine at a price which, though small, still enables the patients to feel that they are "paying their way." This places the Provident system on a par with "Beneficial Society" practice; where the physician agrees to attend the members for a specified annual salary.

We must confess that we see little to disapprove in a young physician, who is just starting into practice, adopting either of these methods. He must get patients; his living is not so costly as that of a man who has a growing family, but still he has needs which must be provided for; and the small fees are enough for this purpose.

The laborer, as the conditions under which he exists grow yearly more straitened, from increasing competition and trades unionism, feels the necessity of obtaining his medical advice as cheaply as possible.

Thus we see that the two needs meet; they are complementary, and the system arising therefrom is a natural one, which will prevail as long as these or similar conditions exist. It is far better that the young physician should thus earn his living, honestly, though humbly, than that he should descend to trickery, slander and misrepresentation, or even worse, to actual crime, to win a livelihood.

The Provident system, though often discussed, has never been put into operation here, until quite recently; when one has been opened upon 17th street, near Arch. As Dr. Duer can have no occasion to seek for practice, we infer that his reason for lending his name to such a scheme must be a desire to bring it prominently before the profession, and excite a discussion which will develop the merits of the system, as well as the objections to it. Somebody had to make a beginning, if the Provident Dispensary were ever to take its place among our institutions; and if there were members of the profession who desired to adopt it, but feared to be the first to do so, the advantage of having an example set by so distinguished a physician as Dr. Duer is quite obvious.

Looking at the matter in this light, we see nothing to blame in his action and much to commend in the courage which leads one to act upon his convictions. Without such a spirit, progress in medicine is impossible; and though the way of the innovator is laid in stony paths, time, which sets all things right, gives him his final vindication. If any one will glance over the reports of our charitable institutions, he will soon come to the conclusion that it is high time to call a halt on indiscriminate charity, by putting some restraint on its abuse. The number of persons who frequent our dispensaries is far too large. While the freest, amplest assistance should be extended to the needy

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poor, it is not charity but waste which gives the same to those who are able to pay. Whether the Provident system is the best way of meeting this difficulty is a question which ought to be fully discussed by the profession, now that it is brought before them. If it be bad, now is the time to say so, and not when it is established by years of successful operation.

As to the course taken by the managers of the 17th street dispensary, in circulating notices from door to door, offering the services of the dispensary physicians, even to families who employ and pay other physicians, this is so manifestly improper that we hesitate to discuss it until we have more definite information. We are confident, from the high standing and invariably ethical conduct of the gentleman most prominent in the enterprise, that these circulars were not issued with his knowledge and consent. In fact we believe that the whole matter will resolve itself into one of those annoying accidents, due to misapprehension, where it is next to impossible to accurately locate the responsibility. If we limit these inferences to one of the gentlemen in question, it is simply because we have no acquaintance with the others which would warrant us in saying the same for them. We have no doubt that the above remarks apply equally to all the physicians in question.[1]

[1] Since writing the above we have been informed that it is precisely the case; the circulars were issued through a misapprehension, without the knowledge of Dr. Duer, and were at once suppressed as soon as he heard of their existence. We are likewise informed that the other physicians connected with this dispensary are not men who are beginning practice, but simply desire to perform their public or charitable work in this manner; furthermore that the arrangements are such that the physicians receive no pecuniary recompense for their services.

ANNOTATIONS.

THE WILLIAMSON FREE SCHOOL OF MECHANICAL TRADES.

IN this we witness the founding of another great educational institution in the city of Philadelphia; one which bids fair to rival the greatest existing examples of public benevolence. The founder, Mr. I. V. Williamson, has been for many years known as one of the most liberal benefactors of our city charities; scarcely any of which have failed to receive support from him, and that with no sparing hand. In the founding of this great industrial school, however, he has created an institution which will carry his beneficence to generations as yet unborn, and has written his name beside that of Stephen Girard.

In detailing the reasons for making this gift, Mr. Williamson speaks of the importance of young men learning trades, and the tendencies of modern educational systems to unfit pupils for those employments which demand manual labor. This might be read and digested with much profit by the authorities who control the Manual Training School. We noted recently that a number of scholarships in the University of Pennsylvania had been awarded to pupils of this school for *manual* training.

The present value of the securities given by Mr. Williamson for the establishment of his school is over $2,000,000. Of this, one-fifth is to be the building fund, and the remainder the endowment. All surplus income is to be added to the latter, which may be thus increased, but can never be trenched upon.

The trustees are to purchase not more than three hundred acres of land, in the suburbs of Philadelphia, or in the counties of Bucks, Delaware or Montgomery; at a price not exceeding $400 per acre; well watered, with good drainage of soil and subsoil, where the sewerage can be readily disposed of, and with convenient railway connection with Philadelphia. The buildings are to be plain and substantial, without such ornamentation as might beget in the pupils a love of luxury.

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The scholars are to be "able-bodied and healthy young male persons of good moral character, between twelve and eighteen years of age. Preference is given to: 1. The city of Philadelphia; 2. Bucks County; 3. Montgomery and Delaware Counties; 4. The remainder of Pennsylvania; 5. New Jersey; 6. The remainder of the United States. Other things being equal, the preference is to be given to the poor. All scholars admitted are to be indentured to the trustees as apprentices.

The scholars are to be fed with good, wholesome food, neatly clad and fitly lodged. Any deficiencies in their previous education are to be made up by instruction in spelling, reading, writing, arithmetic, grammar, geography, history, particularly of the United States, and the natural and physical sciences and lower mathematics at the option of the trustees. No fixed course is prescribed, but each student is to receive such instruction as, in the opinion of the trustees, will best fit him for his trade. Each and every pupil is expressly directed to be thoroughly instructed in one good mechanical trade. The trades to be taught are left to the trustees; the special capacity of each pupil being considered. Farming and gardening are included with the trades to be taught.

The moral and religious training is to be cared for, but no proselytising or favor to any creed is to be allowed. The pupils are to be especially taught to speak the truth, and to be trained in habits of frugality, economy and industry.

The physical training is also to be carefully attended to, that each may grow up with a sound mind in a sound body.

Under no circumstances is any fee to be accepted from the student, the whole cost of living, etc., being at the expense of the school.

The trustees may expel a scholar for due cause. Scholars must leave the institution on the expiration of their term of indenture, unless retained as employees. The trustees may provide money premiums for good behavior, etc., payable at the end of the term of indenture, and not exceeding $50 in all to one scholar.

The trustees have full power over the real estate, etc.; they fill vacancies within their own body, and may become a corporation.

The Pennsylvania Company for Insurance on Lives and Granting Annuities is the fiscal trustee.

It will thus be seen that Mr. Williamson's object is the restoration of the apprentice system as it existed in his early days. If his scheme shall be carried out, we will doubtless have better mechanics, more thoroughly drilled in their trades than the slovenly, half-taught workmen of the present. This will be a benefit to the community at large. The lessons of sobriety, industry and economy he urges are those inculcated by every sage, from Socrates to Franklin.

Another way in which this institution may benefit the city is in the utilization of the Franklin fund. This was left to the city of Philadelphia by Benjamin Franklin, who directed that it should be lent, in sums not exceeding $300, to young men who had completed their apprenticeship, and needed the means of furnishing a workshop. The original legacy consisted of $10,000, and Franklin thought that by reinvesting the interest it would in one hundred years increase to an enormous amount. His expectations have not been realized, mainly because the decay of the apprentice system has almost extinguished the class who were eligible to the benefits of the fund.

The greatest opposition to the scheme will probably come from the class it is intended to benefit. We hear that the strong labor organizations object to it, as they wish to keep the control of apprentices in their own hands. The principal difficulty, however, will be with the parents, who wish to derive an income from their sons' labor before the time when the law sets them free from parental authority. Mr. Williamson has, however, provided the best remedy for this by broadening the field from which the objects of his benevolence may be drawn. It may be noted that while certain preferences are given, there are really no limits; the trustees being free to go to other countries for pupils in case there are not applicants from the United States; while no race or color is excluded.

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The provision which will exclude most applicants is that which demands "good moral character." This is most important, as unless it be rigidly enforced, the school will quickly become a second House of Refuge, as the temptation to secure admission for boys who cannot be controlled at home will be very great; while the good, industrious boy will be wanted at home, to assist in earning the family income. This was for a time the status of the Pennsylvania Agricultural College, a refuge for bad boys, until the present efficient management was put in operation. It will thus be seen that Mr. Williamson's great scheme has its weak points, and that its future depends largely upon the success of the trustees in securing that first requisite of an institution—a capable, efficient executive.

THE PROPOSED PATHO-BIOLOGICAL LABORATORY.

Dr. Frank S. Billings is making an earnest fight for the creation of a national laboratory at Washington. The proposed bill contemplates the expenditure of over a half million upon the laboratory, with $25,000 in annual salaries, besides paying such assistants, servants, etc., as may be needed.

That the United States *ought* to do this to sustain its reputation as one of the civilized governments; that it would result in great good to science generally, and would assist materially in putting American scientists on an equal footing with those of other countries; and, finally, that it would be a wise investment of the public money, which would pay a good interest in the prevention of loss from disease, human and otherwise;—all these are hardly to be doubted.

We have more money than we know what to do with in the national coffers, and no public enterprise would prove more richly beneficial than this one. We hope that our readers will each contribute his or her influence to help Dr. Billings in presenting his case before the representatives in Congress assembled.

SPECIFYING THE DRUGGIST.

The *N. E. Med. Monthly* thinks it "the duty of the conscientious practitioner to advise his patient to go to those places where he knows the prescriptions will be properly and scientifically compounded—where he knows that pure drugs are kept and no substitutions practised."

This may well be true in Danbury; but it is not necessary in Philadelphia. We never send patients to any particular pharmacy; but not for the cowardly reason that we fear being suspected of swindling by percentages. We have found the vast majority of our city druggists so thoroughly reliable that we do not favor one, because it would be unjust to many others equally deserving.

We can count on our fingers the druggists to whom we cannot allow prescriptions to go, for good reasons; and we direct patients living in their neighborhood *not* to go to these persons; but to get their prescriptions filled anywhere else. Is not that better, fairer, and in every way preferable than to send all to *one* druggist?

TUBERCULOUS BEEF.

Dr. Strawbridge has brought before the Board of Health the subject of the use of milk and beef from tuberculous cattle, and a committee has been appointed to investigate and report upon the matter. Recent investigations have shown that there is a probability that cases of tubercular disease originate from the use of such food. The difficulties, however, in the way of providing a really efficient method of preventing the sale of such food are such that we do not look for much good resulting from this investigation. For this, as for many other needed reforms, we must wait for "the good time coming," when men are just rather than selfish; and when public needs have only to be demonstrated to be remedied by wise laws, fairly executed and loyally obeyed.

PILL-MAKING.

The *N. E. Med. Monthly* describes the process of making pills without excipients, by coating over a powder. This consists in putting suitable nuclei in a pan, moistening them with spray, sifting the powdered material over them (keeping the pan in motion), and continuing this process until sufficient of the powder has adhered to make a pill of the size required. The sugar coat

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is applied in the same way. Our contemporary asks the pertinent question whether this process affords that degree of accuracy which is essential. If the process is as described, it may be doubted.

WHY NOT?

Some journals speak of the proposition that physicians wear a badge or other distinctive mark as a matter of absurdity. We don't see it. There seems to be a growing fondness for badges of every description; and, if it be a matter of importance for Masons, Odd Fellows, Mollusks, G. A. R. members and numberless others to wear a distinctive badge, which can benefit only themselves, why not let the doctors be as easily recognizable?

URINE AS AN EMETIC.

A writer to the *Medical Record* recommends equal parts of urine and syrup as an efficient emetic in croup. The dose is half a teacupful. The remedy was suggested by a mother, and goes far to confirm our opinion that in some respects all sense of decency is lost when a woman has become a mother. The delicately æsthetic young miss, too ethereal for a thought of uncleanness to linger about her, has only to bring an infant into the world, and such matters as the evacuations lose their offensiveness. She will set chamber utensils on the piano, and stuff soiled clouts into her husband's silk hat, without the slightest compunction.

The use of urine as an emetic might be necessary in some sudden emergency, however, when less objectionable drugs were not available. Perhaps, on the whole, it is no worse than castor, which is literally the smegma preputii.

Our valued contemporary and namesake, the *Sacramento Medical Times*, has decided to change its name and adopt a title more expressive of the field which it specially aims to cover. It will hereafter be known as the *Occidental Medical Times*. This, we believe, is a wise change. The eyes of the world have of late been directed towards the *Occident* as furnishing peculiarly favorable conditions for invalids, and this section is most ably represented by the *Times*.

LONDON LETTER.

A CLINICAL MUSEUM.

THE Bradshaw Lecture delivered at the Royal College of Surgery on Dec. 6 was the most interesting since the first, which was delivered by Sir James Paget. Mr. Jonathan Hutchinson has an acquaintance with the by-ways of surgery, dermatology and ophthalmology which is probably quite unrivalled, and a knowledge of their beaten tracks also which has made him a specialist in each department. He has been, throughout his career, which has already extended to thirty-five years, a great collector of drawings and photographs of patients and morbid specimens, and his lecture was in the main directed to showing the great value which would attach to collections of drawings and photographs, in supplement to the store of actual specimens now found in all museums. Rare cases, he justly contended, are often of immense value, from the light they throw on pathological processes. Frequently they illustrate a transition from one type of process to another, as in a remarkable case which he quoted from Dr. Duhring, which formed, he said, an important link between inflammation and cancer. Owing to their rarity, the instruction which rare cases were capable of affording was often missed. The first observer probably never saw another case; and unless a drawing was preserved, the most valuable part of the record was lost. "Of all extreme rarities," he said, "portraits should be taken and conspicuously exhibited, in the hope of obtaining parallel observations," and a still larger field would be opened up if a system of exchanges with other museums could be instituted. A "clinical museum" such as Mr. Hutchinson sketched—that is, a collection in which there was displayed in the best possible manner all that can be usefully portrayed by the artist or modeller in illustration of disease during the life of the patient. Such a collection, if properly displayed, would be immensely valuable and instructive; for it is true that all that the eye can see, and it comprises by far the largest half of surgical diagnosis, can be learned easily and well from models, photographs and drawings.

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SIR SPENCER WELLS ON CANCER.

A week earlier, Spencer Wells had delivered the Morton Lecture, on cancers and cancerous diseases. It dealt with three subjects: (1) *The alleged increase of cancer in Great Britain;* the conclusion being that the available evidence pointed strongly to the probability that the apparent increase is real. (2) *Cancer of the mammary region.* Sir Spencer Wells advocates the removal of the entire breast in every case of cancer except where the growths are small and close to the margin of the gland, or only affect outlying portions of the gland. He was strongly opposed to the removal of the whole breast in cases in which there was only a small nodule of growth at the axillary border —that is to say, between the breast and axillary glands, but in neither. He adopted Dr. Creighton's view, that these tumors originate in certain special skin glands which occupy this situation. These glands are not in the substance of the skin, but form "a separate and circumscribed layer of brownish color and lobulated surface, adhering to the under surface of the skin. . . . . The axillary glandular stratum in man is so variously developed, and so often wanting altogether, that it may be regarded as a rudimentary organ of cutaneous secretion." (Creighton, *Med.-Chir. Trans.*, lxv, 55–56). That is to say, the glands are obsolescent organs, and therefore, like all obsolescent organs, peculiarly liable to become the seat of malignant degeneration. (3) *The treatment of uterine cancer by operation.* Where the disease is strictly limited to the parts near the os, he prefers infravaginal amputation by the galvanic écraseur; when the disease has extended higher, he uses the knife or scissors, followed by the cautery. Where the disease has extended higher than the os, and where the mobility of the organ renders it probable that the surrounding tissues are free, he prefers total excision. He pulls down the uterus by a strong wire passed through the cervix; divides and pushes up the vaginal mucous membrane for one-half or three-fourths inch; separates bladder and ureters from the neck and front of the uterus; opens Douglas' pouch and introduces a sponge to keep up the small intestines; secures the uterine arteries on both sides by ligatures or pressure forceps; divides the broad ligament and other attachments and removes uterus; cleanses the vagina, removes sponges, arranges ligature threads or forceps, and plugs loosely with iodoform gauze. The chief danger is that the ureters may be injured or even ligatured.

He gave some recent statistics: Leopold (to Nov. 11, 1888), 83 cases, with 5 deaths, a mortality of 6 per cent.; Péan (1882–1887), 22 cases with 7 deaths, (1888, to Nov. 13), 16 cases, all successful; Olshausen (May, 1887, to Nov. 5, 1888), 99 cases with 13 deaths; Martin, of Berlin (Sept., 1887, to Nov. 16, 1888), 22 cases with 1 death. The statistics, when analyzed, showed that each operator reduced his mortality year by year. Thus, Olshausen's mortality in his first 53 cases was 24.5 per cent.; in his second series of 99 cases, only 13 per cent. Martin's, in his first series of 66 cases, was 16 per cent.; in his second series of 22 cases, only 4.5 per cent.; Péan's, in his first series of 22 cases, was 32 per cent.; in his second series of 16 cases it was 0.

THE HISTORY OF DRAM-DRINKING.

A debate on the pathology of chronic alcoholism was opened at the Pathological Society on Dec. 4, by Dr. J. F. Payne, Physician to St. Thomas Hospital. Dr. Payne, who has written all or many of the articles on the history of medicine in the "Encyclopædia Britannica," prefaced his remarks by a very interesting historical sketch. The association of cirrhosis of the liver and dropsy with excessive indulgence in alcoholic beverages appears to have been first noticed by Gregorius Hortensius in 1626, in the person of a German nobleman. Walter Harris, a correspondent of Sydenham's, noticed that sack (sherry) was more injurious than French wines. He graphically described a cirrhotic liver as "so thoroughly boiled with constant heat that a sound liver could not well be more boiled over the fire than his was by the use of sack." Distilled spirits were used medicinally from the sixteenth century at least; but were not used as beverages before the beginning of the eighteenth.

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In 1724, when a man could get drunk on gin for a penny, the College of Physicians issued a public warning; and in 1736, partly through the efforts of that great physiologist, the Rev. Stephen Hales, an excise duty was imposed. How little that did to check consumption, every schoolboy who has read Smollett or even Capt. Marryatt knows.

Dr. George Harley, who followed Dr. Payne, recalled a curious observation which he had made nearly a quarter of a century ago, but which seems to have escaped attention: it is that the presence of five per cent. of alcohol interferes in a very marked way with the power of venous blood to take up oxygen; so that it might be anticipated that poisoning by an enormous dose of alcohol would produce death by asphyxia in this way. The only bearing of the observation on the subject of chronic alcoholism is the probability that, if a large proportion like five per cent. produced so extreme an effect, the continued presence of minute quantities might, by chronically lowering the oxygen-absorbing power of the blood, favor the occurrence of the degenerations which alcohol is known to produce.

CHILBLAINS.

Chilblains is a complaint which the practitioner is very often called upon to treat at this time of the year. All-wool clothing next the skin—that is, vests with long arms and drawers reaching to the ankles, and woolen socks—are the first essentials in treatment. The socks should be frequently changed during the day and thoroughly dried; shoes to be always dry (a large supply therefore necessary); hands to be washed in hot (not warm) water and thoroughly dried with a soft towel; gloves soft kid or good chamois leather, with knitted woollen gloves two sizes too large drawn over; mittens to be worn in the house. Woollen gloves next the skin, though theoretically best, produce too much irritation and encourage scratching. This is the best way not only of preventing, but curing chilblains. A number of correspondents of the *British Medical Journal* have recently sent their favorite prescriptions. One of these—compound tincture of iodine and collodion, equal parts—is not good; the collodion cracks, and the last state of the chilblain is worse than the first. Dr. R. H. Moore recommends anodyne colloid:

Dr. Greene:

℞ Ol. ricini,
Collod. flex.,
Spt. terebinth.....āā ʒ iv M.

Dr. McBride:

℞ Lin. belladonnæ.....ʒ ij
Lin. aconiti .....ʒ j
Acidi carbolici.....♏ vj
Collod. flexil.....ad ʒ j M.

Dr. Br. Nicholson, whose name is well known to Shakspearian students, has never been disappointed by

℞ Spirit. camph.,
Tinct. opii.....āā ʒ ij
Acid. carbol.....gr. xl
Spir. vini.....ʒ iv
Aquæ.....ʒ iv M.

Dr. Hargreaves recommends:

℞ Chlorid. meth. .....ʒ ij
Cocaine hydrochlor.....gr. viij
Lin. camph. co..... ʒ iij
Lin. saponis.....ʒ v M.

THE BRITISH MEDICAL ASSOCIATION AND ITS JOURNAL.

The memorial presented the Council of the British Medical Association has attracted a great deal of interest. The memorial requested the council to take "immediate action to clear the association and profession from the discredit now attaching to them in respect" of "publication in the 1450th number of the *Journal* of the Association of a *fac simile* of a 'script' by the late Emperor of Germany, referring to his treatment by one of his medical attendants" (Prof. Von Bergmann). It was alleged that by the publication of this document professional confidence had been violated. The memorial, so far as it had a personal reference, appeared to be directed against the editor of the *British Medical Journal*, and through him at Sir Morell Mackenzie. The memorial was got up by a committee consisting of the President, a Vice President, an Ex-President, a Member of Council and an Ex-Member of Council, of the Royal College of Surgeons, and the Treasurer and two influential fellows of the Royal College of Physicians. I am afraid it is true that the whole matter has been greatly

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mismanaged. In the first place, the conduct of the business of the Royal College of Surgeons by its council has been severely, and as it seems to the majority of the fellows and members of that college, justly criticised in the columns of the *British Medical Journal*, so that the appearance of so many college officials on the committee was certainly unfortunate as suggesting personal enmities. In the next place the committee made the mistake of causing the memorial to be inserted in the *Lancet*, the chief rival of the *British Medical Journal*, before it could be considered by the council of the association; it also appeared at an early date and very fully set out in the *Pall Mall Gazette*, a scurrilous evening paper which lives on scandal, and disgraced English journalism a few years ago by the publication of a series of incredibly prurient articles under the title of "The Maiden Tribute." When the council did meet, about a week after the receipt of the document, it passed a rather weak resolution to the effect that it deprecated the publication of any details in violation of professional confidence, that the editor had assured the council that he had reason to believe that the publication had involved no breach of professional confidence; but regretted its publication, and finally that the council also regretted its publication. It is said, on good authority, that there was a very considerable body of opinion on the council, especially among the prominent members, that this resolution went too far; and that a dangerous precedent would be established for outside interference with the affairs of the association; members having the right to make their opinions known by constitutional action within the association. The incident so far as it is known outside the profession has not produced a good effect, as the general public do not appear to understand that the many honorable and upright men who signed the memorial were actuated by the highest motives and not by professional jealousy. This is entirely owing to the way in which the business has been mismanaged.

Sir William Jenner, with characteristic impetuosity, has resigned his membership of the British Medical Association, and it is said that his example has been followed by a few others—one report says two, another eleven. The "script" referred to was: "The same Hovell just tried. Before Bergmann ill treated me." Professor von Bergmann was understood to have claimed that the Emperor was grateful to him for his services in connection with his attempt to introduce a tube into the trachea on April 12th. The "script" appeared to be of interest in proving that Prof. von Bergmann was mistaken.

Sir Morell Mackenzie has resigned the membership of the Royal College of Physicians. I have heard of a curious correspondence which has passed between him and the Registrar of the College, which may possibly see the light before long. The Empress Frederick recently came up from Windsor to visit the Throat Hospital in Golden Square. She was received by Sir Morell Mackenzie; and, according to the *Times'* report, found the other members of the staff in the wards, "seeing to their patients;" which was an ingenuous piece of realism. Sir Morell Mackenzie has paid a visit to Edinburgh, where he delivered two addresses in public and a technical address in the Throat and Ear Hospital. He had an ovation from the students; but all the professors in the medical faculty stayed away. This incensed the students, or some of them, and there were serious disturbances in the lecture-rooms next day, several of the Professors having to suspend their lectures.

SCARLATINA FROM THE COW.

The report of Professor Brown, the veterinary officer of the Agricultural Department of the Privy Council, on the eruptive diseases of the teats and udders of cows in relation to scarlet fever in man, has just been issued. The report fills twenty-one pages, the appendix, containing reports from Professors Crookshank and MacFadyean, and a number of veterinary inspectors, fills ninety-seven pages. There are in addition nineteen lithographic plates. Professor Brown does not accept Mr. W. H. Powers' conclusion that an epidemic of scarlatina was produced by the milk

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of certain cows in a dairy at Hendon, in 1885–6, suffering from an eruptive disease of the udders. His main grounds for his difference of opinion are (1) that this epizootic was not confined to the cows in this particular dairy, but existed also in three other dairies, though scarlet fever only occurred among the customers of one dairy. Both these statements are, however, disputed; and (2) that the Hendon cow-disease is indistinguishable from a common epizootic, which is probably cow-pox. His commentary on the reports of the bacteriologists (Dr. Klein, Professor Crookshank and Mr. Edington) is really an admirable piece of irony, from a literary point of view, though it does not advance the scientific question one iota. "Professor Crookshank," he says, "explains that the *streptococcus scarlatina* of Dr. Klein is a well-known member of a large family of septic organisms; which is exactly what Dr. Klein remarks of Mr. Edington's *bacillus scarlatina*. Indeed, it would seem that the conflicting views of the bacteriologists might be reconciled if only the name of a micro-organism could be changed. If the *streptococcus scarlatina* of Dr. Klein could, by common consent, be called the streptococcus pyogenes, as Professor Crookshank states it has been hitherto, all the observed phenomena attendant on the introduction of this organism into the system would be explicable on a common basis!" Professor Brown's most valuable observations are made with reference to the necessity for the supervision of dairies, down even to the most minute details. The enquiries made by his staff of inspectors have revealed the fact that there is often a "contemptuous disregard of the most elementary sanitary precautions," both with regard to the cows and the milkers, and that the country dairies are worse than the town dairies.

THE COPLEY MEDALS.

The Copley medal of the Royal Society, the highest known honor in its power to bestow, except the Presidency which he has already held, was presented on St. Andrew's Day to Professor Huxley for his investigations on the morphology and histology of vertebrate and invertebrate animals. Owing to the state of our great confrère's health which, though improved, is still very indifferent, the medal was presented in private by the President, Professor G. G. Stokes, M.P., for Cambridge University. At the dinner in the evening, Sir Frederick Leighton, the President of the Royal Academy, was the chief orator. The toast of "The Guests," given by Sir John Lubbock, was acknowledged by the United States Minister.

WAGES.

Sir Lyon Playfair, F.R.S., M.P., has made a speech to his constituents in Liverpool in which he stated that in the States wages were a good deal higher and comforts greater for the unskilled laborer, but for him only, a statement which variously confirms an opinion which I ventured to express last month. He quoted from a Congress Return, issued some years ago under Mr. Blaine's direction, the following sentence in Mr. Blaine's summary: "The hours of labor in the Lancashire mills are 56; in Massachusetts they are 60 per week. The hours of labor in the other New England States, where the wages are generally less than in Massachusetts, are usually 66 to 69 per week." Sir Lyon Playfair, who is considered one of the greatest living authorities on demography, said also that the best test of a nation's prosperity is the rate of increase of its population compared with former periods of its history, and gave the following figures:

UNITED KINGDOM.

Rate of increase,	1851—1861.....	5.6 per cent.
" "	1861—1871.....	8 8 "
" "	1871—1881.....	10.8 "

For the last decade the figures are:

England and Wales:	Rate of increase.	14 4	per ct.
Ohio,	Rate of increase.....	19.8	"
Indiana,	" "	17.7	"
New York,	" "	15.9	"
Maine,	" "	3.5	"
Vermont,	" "	0.5	"

THE DEATH PENALTY.

According to a statement made in a report by the Italian Minister of Justice, Signor Zanardelli, England is the only country where a criminal condemned to death is generally executed.

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In Prussia, out of 558 death-sentences pronounced between 1870 and 1880, the sentence was carried out in one only; in Baden there were 28 sentences and 1 execution; in Wurtemburg, 30 sentences and 1 execution; in Bavaria, 134 sentences and 7 executions; in Sweden, 21 sentences and 4 executions; in Belgium there has been no execution since 1863. In France 15 per cent., and in Austria 3 per cent. of the death-sentences are carried out. Capital punishment was abolished in Tuscany in 1859, in Roumania in 1864, in Portugal in 1867, in Holland in 1870, and in Italy by the new criminal code just passed into law. Seventeen out of twenty-one Swiss cantons have also abolished capital punishment; but one of them has re-established it. In England nearly all convicted murderers are hanged, except infanticides and obvious madmen. A parliamentary commission which recently reported on the mode of inflicting the death-sentence was strongly in favor of hanging, with a sufficiently long, but not too long, drop. In France, a recent writer has decided strongly in favor of decapitation by the guillotine, and condemns electricity, a method which does not appear to have any advocates in this country. DAWSON WILLIAMS.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

Editor MEDICAL TIMES:

I have a case of morphia addiction and have reduced patient fron 15 grs. (by stomach) daily to gr. ss. daily, sometimes less. The stomach and bowels are weak, there is diarrhœa, and quantities of mucus pass; appetite varies, but I have ordered very light food, easily digested and nourishing. Insomnia is one of the main troubles. If I use bromides they disturb the digestion, and I don't want to prescribe opiates again without it is really necessary.

Will you kindly give me your ideas as to treatment, that is, as to the practical points? The patient is not very nervous. The diarrhœa is exhausting; also the loss of sleep. I should like to hear from you as to the best manner of procedure. How shall I keep him from becoming too much exhausted; also correct the bowel trouble and produce sleep? If you will kindly reply I will be very thankful to you. E. W.

[For the insomnia we would recommend a hot bath at bedtime, with general Faradization, and perhaps a glass of hot beef-tea, to relieve cerebral anemia.

For the general depression we would use coca in the form of a plug like tobacco; the cocabola.

The diarrhœa calls for tonic astringents, nux vomica and gentian, with kino, and the food should be carefully given, with full doses of digestants; pepsin, pancreatine, ox-gall and diastase. Rubbing with salt towels, massage or gentle out-door exercise should also be instituted.

—W. F. B.]

REVIEWS AND BOOK NOTICES.

THE WATERS OF PLOMBIÈRES (VOSGES), by Dr. Bottentuit, Médecine aux Eaux de Plombières, Membre de la Societé Clinique d. Cannes, Chevalier de la Legion d'Honneur. London, T. & A. Churchill.

This work is divided into three parts; the most important is certainly that in which the description of the sources of Plombières, their analysis and their temperature, is given. The description of the physical and chemical properties of the waters of Plombières is highly interesting. The waters are very hot, and belong to the class of indifferent waters, such as Buxton, Wildbad or Teplitz.

A whole chapter is devoted to the study of the baths. Their action depends on their duration, their temperature and on the douches, which may be applied in different manners and pro-

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duce various effects according to their mode of application, on the etuves and massages. Their use will be found very successful in many cases. Their action requires careful watching.

The chapter on the indications and contra-indications of the waters of Plombières is most important to read. M. Bottentuit recapitulates, in a few pages, the points which enable the physician to judge in which cases the waters of Plombières may be valuable to the patients. He insists upon the sedative and calming action of the waters of Plombières, and on the benefit derived from their use in some cases of nervous erethism and in affections where pain prevails.

The water can be used, however, not merely so as to obtain a sedative action, but so as to ensure at the same time a derivative, a tonic or a stimulating one.

It is the carefully combined use of these different methods which produces the most satisfactory results.

M. Bottentuit indicates the action of the waters of Plombières in the diseases of the intestinal tube (flatulent dyspepsia, stomachal vertigo, gastralgia, diseases of the intestine, chronic diarrhœa); in the troubles of the womb (metritis, amenorrhœa, dysmenorrhœa, sterility; finally, in gout and rheumatism. We may say that since the construction of the "Nouveaux thermes" Plombières possesses an establishment fitted with the best and most varied appliances to be found anywhere.

Patients who cannot bear the douches or the etuves at other stations can here support them, thanks to a judicious use of the baths, and reap great advantage from them. In such cases the douches and baths are given simultaneously, and thus the sedative effect of the bath diminishes the exciting action of the douche without destroying its stimulating qualities.

Rheumatism, as is well known, often attacks the viscera. Its most common manifestations are those of gastralgia and enteralgia. Often it assumes other forms, less frequent perhaps, but more difficult to trace.

In all such cases, the waters of Plombières have a happy effect; but more than that, they combat not only the effects of the rheumatic diathesis, but the diathesis itself, which is the origin of all these troubles.

The reader will be deeply interested by the account of the origin of this little town, by the changes and catastrophies undergone by Plombières from the time the Romans settled there to the annexion of Lorraine to France, and by the numerous works carried out during these last twenty years. Dr. Bottentuit, in his handy little guide, gives ample information about the town of Plombières and the adjacent country, to which many pleasant excursions may be made.

There is a Casino in the town, and a fair amount of amusement and recreation is to be had. The book is illustrated by many views of Plombières itself and of its vicinity.

The Vosges country is well worth exploring as an after-cure to the course at Plombières.

BELOW SEA-LEVEL; NATURE'S PNEUMATIC CABINET. High altitudes of Southern California. By Walter Lindley, M.D., Los Angeles, Cal.

THE RADICAL CURE OF VARICOCELE ATTENDED WITH REDUNDANCY OF SCROTUM, DEMONSTRATED BY TIME. By Morris H. Henry, M.D., New York.

ÉTUDES THÉRAPEUTIQUES ET BACTÉRIOLOGIQUES SUR LE FURONCLE DE LA OREILLE. Par le Docteur Lœwenberg. Paris, Imprimerie Alcan Levy, 24 Rue Chauchat. 1888.

THE VEST POCKET ANATOMIST. By C. Henri Leonard, A.M., M.D. *Fourteenth revised edition*, containing 193 illustrations, "Dissection Hints" and Visceral Anatomy. Cloth, 12mo, 304 pages; price $1.00. ILLUSTRATED MED. JOURNAL CO., publishers, Detroit, Mich.

The new edition of this work has been increased in size by the addition of over 100 pages of text and one hundred engravings; the page of the book has also been somewhat enlarged to accommodate better the engravings. Besides being a popular dissecting room companion, it has become also a very popular surgical case companion for the practitioner, since the illustrations show at a glance (being photographed from the English cuts of Gray) the positions of all the important bloodvessels, nerves, muscles and viscera.

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ABSTRACTS.

PROGRESSIVE CEREBRAL HEMORRHAGE.

In the *Medical Record* Dr. A. H. Smith objects to ergot, as it only constricts the arterioles, and by increasing vascular tension adds to the force with which the blood is driven into the bleeding orifice. Purging and bleeding diminish the bulk of blood in the body, while raising the head lessens the amount in the cranium. All these are hurtful. As the hemorrhage is stopped by pressure, it is best that this should be applied within the vessels, and not on the brain by extravasated blood.

The fuller the vessels the less room for blood in the cranium outside of them. He therefore recommends lowering the head, and the use of amyl. These bring on the symptoms of pressure at once; in half-an-hour the blood is firmly coagulated, the sac is filled by a clot, and this extends back into the vessel. The orifice thus effectually sealed, the head can be raised and the amyl discontinued. The patient then emerges from his coma, and the laceration is small.

Cold to the head is indicated only because it favors coagulation.

FOR TAPE WORM.

℞ Ol. tiglii .....gtt. j
Chloroformi.....f℥ j
Glycerini .....f℥ j
M. S.—To be taken in the morning fasting.
—*Med. Record.*

CREASOTE IN PHTHISIS.

FLINT, in the *N. Y. Med. Journal*, gives the histories of ten patients treated by creasote internally and by inhalation. The results which the author considers fairly attributable to the treatment were as follows:

1. *Weight.* Increase from 2 to 20 lbs., in nine cases. None in one case.

2. *Temperature.* Became normal in a few days, in seven cases; in one was not taken, and in two there was no fever.

3. *Sweats.* Stopped in three cases, diminished in six, not affected in one.

4. *Cough and Expectoration.* Almost disappeared in three cases; improved in all.

5. *Physical Signs.* Improved in seven cases. In one case examinations for bacilli were made, and in that their number was diminished.

6. *General Condition.*. Three cases said they were well. All showed improvement in strength.

CORYZA.

In the *Weekly Med. Review*, Love advises the use of melted vaseline, injected into each nostril several times a day. In some cases the addition of carbolic acid and alum, or the use of ointment of red oxide of mercury diluted with sixteen parts of zinc-ointment is recommended.

In a recent case of coryza, we tried the effect of the local application of vaseline oil. The result was unexpectedly gratifying. This encouraged us to prescribe the same remedy for a catarrhal pharyngitis, in teaspoonful doses. The patient reported that two doses gave the quickest and most perfect relief she had ever experienced in similar attacks; but the taste of the remedy was disagreeable.

MEDICAL TREATMENT OF UTERINE FIBROIDS.

In an exchange, Dr. Bedford Brown details his experience in the treatment of uterine fibroids. He speaks highly of the calcic phosphites; the prolonged use of which in some cases was attended with a steady diminution in the size of the tumors. Local means were used to control the hemorrhage. In some cases hydrastis and phytolacca were also employed. The author lays great stress upon the rapid and thorough saturation of the circulation with the phosphates of lime and soda, as a means of restoring the lost equilibrium of nutrition, arresting increased cell proliferation and exudation, and promoting their absorption. The most interesting part of the paper is where the author details the results in three cases of cervical adenitis with eruptive fevers. The lactophosphate and hypophosphate of lime produced a speedy amelioration.

MISCELLANY.

A SINGULAR CASE.

A short time since there was treated at the Medico-Chirurgical Hospital, for an abscess in the neck, a young man of

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26, employed as a masseur in a Turkish bath establishment.

A few days before leaving, he asked one of the house physicians to look at his heart, as it was acting so strangely. Just over the region of the heart was a rhythmical beating, running at the rate of about ninety times a minute, occasionally dropping a beat, and at each blow throwing out the exceptionally well developed pectoralis major. Hard pressure made it difficult for him to breathe, he said, and caused him to feel as if one were holding his heart. Examination showed that the pulse was not beating synchronously with this visible throbbing; and upon auscultation, one could hear other sounds, as if from another heart; but these latter were simultaneous with the pulse, and not with the beating first mentioned.

The young man now went to the foot of the bed, and, bending backward, grasped the iron rail, gave himself a powerful twist to the right; when he straightened up, the beating was gone from the left side and was at a corresponding point on the right. That night he fell out of bed and the beating returned to the left side, the side it seemed to prefer; though he could throw it on the other at any time by going through the performance just mentioned.

Dr. Waugh, upon careful examination, found that the tendon of insertion of the pectoralis major was jerked upon at every throb, and diagnosed the case to be one of voluntary rhythmical movements of that muscle.

NOTICE.

AN ARMY MEDICAL BOARD

Will be in session in New York City, N. Y., from May 1st to 31st, 1889, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application for the necessary invitation to the Secretary of War, before April 1, 1889, stating the place of birth, place and State of permanent residence, and enclosing certificates based on personal knowledge from at least two persons of repute, as to American citizenship, character and moral habits. Testimonials as to professional standing, from professors of the medical college from which the applicant graduated, and of service in hospital from the authorities thereof, are also desirable. The candidate must be between 21 and 28 years of age, and a graduate from a *regular medical college*, evidence of which, his diploma, must be submitted to the board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon General U. S. Army, Washington, D. C.

JOHN MOORE,
Surgeon General U. S. Army.

SURGEON GENERAL'S OFFICE,
Washington, D. C., Dec. 1, 1888.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM DEC. 9, 1888, TO DEC. 15, 1888.

By direction of the Secretary of War Colonel Jedediah H. Baxter, chief medical purveyor, will proceed to St. Louis, Mo., and Hot Springs, Ark., on public business connected with the Medical Department, on completion thereof to return to his proper station. Par. 13. S. O. 289. A. G. O. Washington, Dec. 12, 1888.

MAJOR JOHN W. WILLIAMS, surgeon, U. S. Army, is hereby relieved from further duty with the battalion of the 2d Arty. at Fort Wadsworth, N. Y. H., and will proceed to join his permanent station, Jackson Barracks, La. Par. 3. S. O. 256. Hdqrs. Div. of the Atlantic. Governor's Island, N. Y. City, Dec. 5, 1888.

MAJOR FRANCIS L. TOWN, surgeon, is relieved from duty at the post of San Antonio, Texas, and will report in person to the commanding officer, Presidio of San Francisco, Cal., for duty at that station, relieving Major Henry R. Tilton, surgeon, and by letter to the commanding general, Department of Cal. Par. 19. S. O. 286. A. G. O. Washington, D. C., Dec. 8, 1888.

MAJOR TILTON, upon being relieved by Major Town, will proceed to West Point, New York, and report in person to the superintendent of the U. S. Military Academy for duty at station, relieving Major Charles F. Heizmann, surgeon. Par. 19. S. O. 286. A. G. O. Washington, Dec. 8, 1888.

MAJOR HEIZMANN, upon being relieved by Major Tilton, will proceed to San Antonio, Texas, and report in person to the commanding officer of that post for duty, and by letter to the commanding general, Department of Texas. Par. 19. S. O. 286. A. G. O. Washington, Dec. 8, 1888.

[*Continued on page XX.*]

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PHILADELPHIA MEDICAL TIMES.

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No. 549. JANUARY 15, 1889. VOL. XIX

CLINICAL LECTURE.

LAPAROTOMY FOR OBSTRUCTION OF THE BOWELS.

Delivered at the German Hospital,

BY DR. J. W. DEAVER.

THE case I bring before you this morning is one of considerable interest. The patient, a woman about 28 years of age, had a fall on her left hip-bone on Tuesday, Dec. 18. She complains about pain in the abdomen and pelvis, is constipated, and has had vomiting ever since she had the fall.

She was brought into the hospital on Thursday, Dec. 20, and I found, on examination, the whole abdomen enlarged, hard and tense, more prominent on the left side, and made the diagnosis of "intestinal obstruction," and proposed an operation the next day, but could not get the consent of the patient. To all appearances, I think the operation will now be too late to do good. The patient is in a very critical con-

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dition, and she may die on the operating table. We will be very careful in etherizing her, only giving enough ether to allay sensibility, and then withdraw the anæsthetic until the patient gives signs of pain, which is an indication that it is safe to give a little more. We will have to resort to hypoder matici injections of ether and atropia to stimulate the patient, who is at present eeking, which is generally a bad symptom in operations.

I shall make an incision in the median line of the abdomen, below the umbilicus, down to the peritoneum. Now I will open the peritoneum, and you see a large quantity of purulent matter escapes, a proof that the operation is justifiable, and ought to have been done earlier. I will search for any intestinal obstruction, and here I find the sigmoid flexure rotated on its own axis. I will turn this, and you hear the escape of air, which is a very good sign and surgeons like to hear it in cases of intestinal obstruction: it indicates that the obstruction is relieved. The Fallopian tube and ovary I find adherent to the sigmoid flexure, and pyosalpingitis to a great extent, which you see necessitates the removal of the appendages.

Now I will put my hand to the right side, and here I find a large abscess, which I have now ruptured the contents emptying into the abdominal cavity; the tube also is diseased, and pyosalpingitis is present, so I will remove this tube. Then you all see that the patient, under the existing circumstances, could not live; and that this operation is a perfectly justifiable one.

We will irrigate the abdominal cavity with hot water until the fluid comes out clear, then insert our drainage tubes, two down into Douglass' *cul de sac*, and close the wound. The drainage tubes will be rotated very gently every day to dislodge any plug of mucus which may happen to settle in any of the openings of the tubes, and so prevent the egress of the discharges from the abdominal cavity; they will be raised at the same time a little, so that the granulations cannot extend into them; so that, when they are withdrawn, tearing and hemorrhage will not take place.

This case illustrates again the necessity of early operative interference; many lives could be saved in this way, if, the physician instead of standing at the bedside of the patient, and trying to cure with therapeutic means, would call in a surgeon and relieve the patient early.

We will put this patient to bed, apply external warmth in the shape of hot bottles, and give diffusible stimulants internally; and, to procure a discharge from the bowels, we will give her a teaspoonful of Rochelle salts every two hours, and hope to be able to show her to you in a better condition on next Saturday.

ORIGINAL ARTICLES.

THE RELATION OF ALTITUDE TO PHTHISIS PULMONALIS.

BY CHARLES CARTER, M.D.,
Late Assistant Surgeon in the U. S. Navy.

IT has been claimed by several observers that there are climates which confer upon their inhabitants almost complete immunity from consumption, as in Switzerland above an altitude of 4600 feet, the table-lands of the Andes and the Himalayas, the high plains of Mexico, etc. After excluding all conditions which belong equally to high and low elevations, the remaining factor, altitude, has been thought to account for such immunity.

Some climatic observations of my own in this country tend to confirm this view that altitude is the patent factor.

A few years ago I spent eight months near the Moquis Indian Pueblos in Arizona; elevation given as 5500 feet to 6300 feet. There appeared to be almost complete exemption from consumption among these Indians, as well as the Navajo tribe and white settlers of that region.

I knew of but one case, that of an Indian who had visited low elevations, and was addicted to some of the vices of civilization.

The disease in this case was making no progress at that time and did not unfit him for his employment.

This locality was very dry, but had sufficient rainfall for its limited agriculture. Later, I was many months

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at a much lower altitude in Arizona, near the Pima tribe of Indians; elevation given at 1066 feet to 1440 feet. The climate at this place was much drier, the rainfall being insufficient for agricultural purposes.

Consumption was quite frequently observed, despite the custom of these Indians of destroying by fire the hut in which death from any disease occurs.

Several cases of tuberculosis of laryngeal phthisis in Indians, and one case of pneumonic phthisis in a white settler came under my treatment.

After a residence of about two years in western North Carolina, and considerable time spent in looking through the section, I have found a similar state of things.

Authenticated cases of consumption originate at various altitudes, ranging as high as 2400 feet.

There is in Watauga county a mountainous plateau having an average elevation of 4000 feet.

Upon very careful inquiry in a portion of this section, I have been unable to trace a single case of consumption which started there.

In the report of the Geological Survey of North Carolina for 1875, we find this section alluded to by the late Prof. W. C. Kerr, State Geologist, as totally exempt from consumption.

Dr. J. R. Campbell, of Salisbury, N. C., who "for the past fifteen years has been sending patients, consumptives and others to Blowing Rock, in the heart of this region, speaks enthusiastically of the point, claiming that it has never disappointed him in its curative effects, and that as a mountain resort it is incomparably superior to any other point in the Appalachian chain."

With an altitude of 4000 feet and upwards, it claims to be the highest village east of the Rockies.

Its nearness to the large cities, its absence of excessive heat in summer and cold in winter, of severe easterly storms, of dust, mud and insect pests, with its sandy roads, which quickly dry after rains, its fine drives and walks, with scenery unsurpassed, as an all year round climate, it has great promise for the future as a health resort.

High elevations are more and more sought for since it has been found that rarified, pure air is promotive of pulmonary expansion and of absorption of morbid deposits, together with the powerful aid given to nutrition, appetite, and a desire for physical activity.

Blowing Rock, Watauga Co., N.C.,

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ.,
NEW YORK.

THE address delivered by Hon. George G. Wright, President of the American Bar Association, at the last meeting, summarized recent legislation in the various states. Some of the commonwealths do not seem from the summary to have adopted legislation of interest to the medical profession, while others have passed laws having more or less bearing upon their duties or experiences.

RECENT NEW YORK LEGISLATION.

In New York, he states: "There is an act providing for the incorporation of societies for the prevention of cruelty to animals. Also one making a more radical innovation and introducing a new method for the infliction of the death penalty, containing among others a provision that the punishment must in every case be inflicted by causing to pass through the body of the convict a current of electricity sufficient to cause death, to be continued until death ensues. This law also abolishes public executions, and, as said by another, attempts to prevent the condemned criminal from holding daily levees at the door of his cell. Another law gives a lien to any one placing a monument, grave-stone, etc., in any cemetery for the agreed price thereof on such monument, such lien to be worked out by giving notice to the superintendent of the cemetery, who is to notify the owner; if the debt is not paid within a time named, the monument may be removed to the outside of the burial ground, there sold, proceeds paid over, etc. Apparently a most summary proceeding without the intervention of any court or the invoking any kind of judicial action. There is also an act amendatory and supplementary to prior statutes, to secure the people against unclean, impure, adulterated milk, cream, etc.

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OHIO.

In Ohio, laws were passed forbidding the employment of color-blind persons by railroad companies; to prevent adulteration and deception in the sale of dairy products; prohibiting the employment of boys under twelve in a mine, and between twelve and sixteen unless they can read and write. A statute declares that cattle wintered in Florida, Georgia, and several other states, including the Indian Territory, shall not be driven for six months into the state. Another gives a bounty of ten cents a dozen for the destruction of the poor English sparrow, but only a resident of Ohio can claim the bounty.

RHODE ISLAND.

In Rhode Island, comparatively little legislation of interest to physicians is found, but a law was passed requiring the State Board of Health to examine into the sanitary condition of hotels and boarding houses, the source, sufficiency and quality of the water supply, the ventilation, means of preventing fire, and modes of escape.

NEW JERSEY.

In New Jersey, an important and elaborate act was passed providing for the certification of marriages, births and deaths, and their proper record. The killing of wild deer is prohibited for two years, and of the English hare for three years. In South Carolina, cock-fighting is prohibited within three miles of Christian institutions of learning. In Virginia it has been made a misdemeanor to pollute drinking water, and undertakers who pay a license as merchants are declared exempt from jury service.

Recent legislation in some of the other states will be given in another article.

EXECUTION BY ELECTRICITY.

It is well known that New York has decided to use electricity in the execution of criminals condemned to death for murders committed after January 1, 1889. Great interest has therefore been felt in the method to be adopted of applying the electric current so as to cause death. The Medico-Legal Society of New York has been considering the subject, and, after some investigation, has decided to recommend the following method:

"A stout table, covered with rubber cloth, and having holes along its borders for binding, or a strong chair should be procured. The prisoner lying on his back, or sitting, should be firmly bound upon this table or in the chair. One electrode should be so inserted into the table, or into the back of the chair, that it will impinge upon the spine between the shoulders. The head should be secured by means of a sort of helmet fastened to the table or back of chair, and to this helmet the other pole should be so joined as to press firmly with its end upon the top of the head. We think a chair is preferable to a table. The rheophores can be led off to the dynamo through the floor or to another room, and the instrument for closing the circuit can be attached to the wall.

"The electrodes should be of metal, between one and four inches in diameter, covered with a thick layer of sponge or chamois-skin.

"The poles and the skin and hair at the points of contact should be wet with a warm aqueous solution of common salt. The hair should be cut short. Provision should be made for preventing any moisture reaching from one electrode to the other.

"A dynamo capable of generating an electro-motive force of at least 3,000 volts should be employed, and a current used with a potential between 1,000 and 7,500 volts, according to the resistance of the criminal."

"HERBS OF LIFE."

We find a very curious decision in the North Carolina reports. It appears that there is a law in that State placing a tax upon peddlers who go about selling goods, but exempts from such tax persons who sell articles of their own manufacture.

In construing this law one of the courts of the State held that boiling drugs together so as to form a nostrum was not such a manufacture as to exempt the seller from paying the tax.

The facts as stated were as follows: The defendant came to Winston, N. C., and renting a house engaged in the manufacture of medicine called the "Herbs of Life." He bought from the resident druggists alcohol, chloroform,

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tincture of capsicum and other ingredients and boiled them together, bottled the compound and labelled it "Herbs of Life." He leased vacant lots in different parts of the town, and held open air concerts, with music, dancing and minstrel performance. At intervals he would address the crowd and extract teeth while vendors of the medicine passed through the audience with the medicine in baskets selling the same. The court decided that the use of the high sounding and attractive phrase "Herbs of Life" did not cover the manufacture of goods as contemplated by the statute. The "Herbs of Life" was a mixture merely and not a manufacture of new articles. The ingredients remained the same and were not changed by the mixture. There was no change similar to what occurred when rags were converted into paper, ginned cotton into yarn or cloth, wool into articles of form or domestic use. The mixer (it would hardly be proper to say manufacturer) of "Herbs of Life" was obliged therefore to pay the peddler's tax. As "mixers" of patent medicines are proverbially wealthy, it is not likely that the tax proved a serious matter.

CRIMINAL RESPONSIBILITY.

The "Albany Law Journal" is one of the most readable of the legal journals and its contents are usually so bright, keen and just that it has gained a wide influence both in and out of the legal profession.

In a recent article on the proper test of criminal responsibility it states with entire truth, we think, that the "divergence between the legal and medical theory of responsibility, as affected by insanity or drunkenness, has been growing wider in modern times. The reason for this is that the physician sees in every person of abnormal mind only a patient, while the legislator and the lawyer see in him only a subject of government for the safety of society."

The "Albany Law Journal" contrasts the sayings of a number of physicians and lawyers and states that in its opinion the lawyers are clearly right. Thus, for instance, Dr. Bryce, of Tuscaloosa, Ala., in a pamphlet on "Moral and Criminal Responsibility," says "the man's acts must be regarded in every instance as the inevitable outcome of his organization; that is to say, of certain varying states or conditions of the nervous centres which preside over the actions of the individual, and control his movements and volitions."

Dr. Hughes, of St. Louis, says: "The law, it is clear, in every form of inebriate misdemeanor, should go behind the police records and look into the neurological history, and discover, if possible, the ancestral and immediate organic factors which may modify or make impossible full responsibility, by fettering or preventing the normal volition." Dr. Edward C. Mann, of Brooklyn, says: "The great reason why the dipsomaniac is not responsible is because he is not master of his desire to drink." Dr. Norman Kerr, of London, says: "If the subject of inherited inebriety is to be punished for tasting a maddening intoxicant which will provoke a paroxysm, so ought a gouty subject for indulging in a glass of port."

The lawyers look on the matter very differently.

Austin Abbott, of New York, says: "If you go into the police courts Sunday morning and ask to have discharged every man who has been arrested for drunkenness—to let him go on the principle that inebriety is a disease, and ask to have that view carried into general effect—the result would be that the occasional convivial offenders, the men who are guilty of crimes committed under exceptional passion, under exceptional temptations, under exceptional stimulus, would be sent to jail, and the men who are wholly given over to it and are going to do it again and again would be set free. Ex-Judge Noah Davis says: "If the fact of being drunk was excuse for committing a crime, every man would get drunk who contemplated committing a crime. A voluntary demon who has produced a condition in himself by his own act, which is not the disease known as insanity, is not excused, and just so would it be if that condition had been produced by any other kind of disease."

The range of recent discussion is fairly indicated by these quotations, and very likely most physicians will range themselves on the side of their fellow physi-

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cians; the writer however believes, with the lawyers, that the test of ability to judge between right and wrong is the safest rule for society to adopt.

ACID PHOSPHATE.

There has been an interesting litigation in Maryland over the use of the words "Acid Phosphate." The Rumford Chemical Works of Providence, R. I., claimed that they had a valid trade-mark in the words, and endeavored to obtain an injunction against some Baltimore druggists who sold a preparation of Parke, Davis & Co. called by the same name. The article produced by the Providence establishment is usually known as "Horsford's Acid Phosphate," and is one of the best advertised preparations before the public, claiming to have a medicinal and tonic effect. Parke, Davis & Co. do not attempt to imitate the rival preparation; but, on the contrary, claim with earnestness that they have something better. They say, however, that they have a perfect right to use the words "Acid Phosphate." The usual concomitant of trade-mark cases — viz., the attempt to imitate the goods of a rival—was not a feature, therefore, in this litigation.

Dr. Horsford, in his patent obtained March 10, 1868, said: "My invention consists in the use of acid phosphate of lime, magnesia or alkali as a condiment in liquid form, either by itself as a substitute for vinegar, or an ingredient in a beverage or sauce, or for other culinary or sanitary purposes where it is desirable to employ an acid in liquid form. The importance of phosphates for the animal economy, to be supplied through food, has long been recognized. I have found the advantage to the health of using liquid monobasic acid phosphates, when employed in aid of digestion and assimilation, to be of the most marked character. . . . The acid phosphate I employ is generally a compound of one atom of lime with one atom of phosphoric acid, with a small addition of free phosphoric acid."

It was shown at the trial that the words "Acid Phosphates" were well known to all chemists, and signified a number of different articles.

It is, however, one of the main conditions of a trade-mark "that the words used shall be perfectly arbitrary, and not be so common that they cover a variety of combinations."

The decision was therefore against the Rumford Chemical Works, and in favor of Parke, Davis & Co. The Court says: "Care must be exercised that protection is not granted to the appropriation of descriptive names in such manner that a perpetual monopoly is created in the article described in favor of those who have no exclusive right to manufacture it."

GERMICIDE SOAPS.

BY JACOB P. RUSSELL, M.D.

OF the numerous forms in which antiseptics have been placed upon the market, possibly the so-called antiseptic soap has been the most successful. The manufacturer of one of these soaps, in his testimony before the U. S. Court, in a recent suit, said: "The sales of my soap amount to 25,000 gross per year." This, at the price he obtained for it, amounts to the sum of $750,000; and this is but one of the numerous varieties to be found in nearly every drug store.

In order to form a just and impartial opinion of the antiseptic properties of these much-vaunted soaps, the writer concluded to test their powers in checking or preventing putrefaction.

For this purpose he prepared a culture fluid of beef-broth and egg albumen, in which putrefaction had taken place, the fluid containing myriads of bacteria.

The soap tested consisted of the following:

No. 1. Fels' Germicide Soap.
" 2. Seabury's Hydronaphthol Soap, 1 per cent.
" 3. Packer's Pine Tar Soap.
" 4. Oakley's Carbolic "
" 5. Calvert's " "
" 6. Graham's " "
" 7. Graham's Sulphur "
" 8. Chlorine "
" 9. Glenn's Sulphur "
" 10. Venus "
" 11. Cuticura "
" 12. Althene "
" 13. Potassio-Mercuric Iodide Soap, 2 per cent.
" 14. Ammonia Ichthyolate Soap, 10 per cent.

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In order to fairly test the actual value of these soaps, when used as they are intended to be, after various experiments a three per cent. solution was chosen as being probably the closest approximation of strength to that which we get in the act of lavation.

The various soap solutions were put with an equal quantity of the culture fluid, in test tubes, which were then plugged with antiseptic cotton, and all placed under like conditions at a temperature of 65° F. to stand for 8, 12, 24, 36 and 48 hours. At the expiration of each of the designated periods, they were carefully examined under the microscope.

At the expiration of eight hours all signs of micro-organic life had disappeared from No. 13 (potassio-mercuric iodide soap). As none of the other solutions gave any signs of change before 46 to 49 hours, we will only speak of their condition as shown at those periods.

Nos. 1 and 2 contained all the forms of micro-organic life as seen in the culture fluid to which no soap had been added. No. 3 showed vibrio and comma-shaped bacillus in large numbers, but no rods. No. 4 was the same as No. 3. Nos. 6, 7, 8 and 10 showed the same condition as Nos. 1 and 2.

Nos. 9 and 11 showed a few vibriones and comma bacilli, but their movements were slow. No. 12: a few vibriones could be here seen, but they were quite sluggish in their movements.

No. 13 gave no visible signs of life. No. 14 was full of vibriones and comma bacilli.

As the microbe had come off conqueror in the contest, we thought it but justice to the soaps to give them a chance to regain their lost prestige.

In the above experiment the soaps had been thrown on the enemy when the latter was in full life and vigor. In the second contest the soaps were brought against their adversaries while the latter were yet in an embryonic condition. To a freshly prepared culture fluid there was immediately added a three per cent. solution of the soaps, and this was allowed to stand in cotton-stopped test tubes. To another test tube containing culture fluid was added a solution of potassio-mercuric iodide (1–1000), and one tube containing the culture fluid alone was reserved for comparison.

At the expiration of twenty hours, the culture fluid contained micro-organisms plentifully, and was quite offensive in odor. The fluid to which the potassio-mercuric iodide had been added showed a few vibriones and comma bacilli, but was free from odor.

The soap solutions were as follows: Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11 showed micro-organisms in abundance, with quite rapid movements; No. 12 showed a few comma bacilli, with slow movements; No. 14 presented about the same appearance as No. 12; while No. 13 gave no visible signs of life; Nos. 1, 2, 3, 5, 8, 11, 12, 13 and 14 gave no odor of putrefaction; all the others were quite offensive. Now, as to the deodorizing properties of the various soaps: Some of them were highly perfumed, greatly masking the odor of putrefaction, so that recognition of this condition became difficult.

As deodorizers they stand as follows: Nos. 1 and 2 very little odor, highly perfumed; Nos. 3, 4, 6, 7, 8 and 9 were quite offensive; No. 10 slight odor of putrefaction. In Nos. 11 and 12, no odor of putrefaction was perceptible; No. 13 was entirely free from odor; No. 14 very slight smell of putrefaction, the odor of ichthyol predominating.

Noticing that No. 5, Calvert's Carbolic Soap, deodorized the solution, while none of the other carbolic soaps did so, we were led to look for the cause. Noting that this soap was colored red, and believing that it owed its deodorizing power to the coloring matter, on examination we found that the latter consisted of vermilion or red sulphide of mercury, of which the soap contained about ten per cent. To prove that this was the deodorant, a sample of the soap was dissolved in alcohol, and the vermilion filtered out, the alcohol was evaporated off, and the soap dissolved in water and added to a putrid culture fluid; this failed to deodorize, showing that the soap depended on the mercurial salt for its deodorizing power.

There was no chemical examination made of any of the samples other than that stated above, excepting that they

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were all tested for alkali. Tested with an alcoholic solution of phenolphtaline, they all proved to be alkaline with the exception of Nos. 12, 13 and 14.

Samples Nos. 13 and 14 were made by the writer by taking olive oil soap, adding to it two to three per cent. of oleic acid, heating and then incorporating the medicament.

In justice to the manufacturers of some of these soaps, it must be admitted that they make no claim for their soaps of antiseptic or germicidal properties, merely stating that they contain carbolic acid, sulphur, or other medical agents; whilst others make the most preposterous claims for their goods as specifics for all forms of eruptive disease.

Why physicians should designate a certain make of medicated soap for their patients, when by the exercise of a little thought, they could formulate what they wish them to have, and any good druggist would be able to make it, we cannot conceive.

In conclusion, need we wonder at the laity placing so much faith in these lauded specifics, when we find chemists, physicians, professional men and druggists certifying to the most preposterous nonsense.

A person who will assert that he found 12 per cent. of solution of chlorinated soda, and a given quantity of free mercuric chloride in a soap, and then sign himself chemist; or another who assures the public that he has found a certain quantity of *cuticura* in a soap, must place a low estimate on the public's intelligence, or be simply willing to certify to anything that he is paid for.

The laudation of their goods by the manufacturers is bad enough, but the praise given by physicians, chemists, and professional men is simply foolish.

While medical and medicated frauds should at all times, and under all circumstances, receive the condemnation they merit, true worth, wherever found, should be accorded that credit which is due. No. 12, which does not make a pretense of medication or of antiseptic power, basing its claim for superiority solely upon its purity as a soap, has yet proven in these experiments to be the best of the proprietary soaps examined. It is the best base for physicians to use in formulating medicated soaps, as it was the only soap which proved to be absolutely neutral in reaction; this fact we attribute to its deodorant and aseptic properties, as alkaline solutions favor decomposition.

From the data here presented, we think that it is clear that the so-called antiseptic soaps of the market are far from being antiseptic. In point of fact, the very reverse holds good; and it seems the best way for the physician who desires a really antiseptic soap, is to do what has previously been recommended, namely, to formulate his own, using some good *neutral* soap as the base, and medicating with whatever remedy and in whatever quantity he may desire. In this way, and in this way only, apparently, can he be certain of the results that he desires to achieve.

CYST OF THE BROAD LIGAMENT.

BY B. F. BAER, M.D.

[Read at the Obstetrical Society of Philadelphia.]

Dr. B. F. BAER said that Miss A. was sent to him by his friend, Dr. S. S. Smith, of Driftwood, Pa., and entered his private infirmary on Oct. 3. She is single, 44 years of age; had enjoyed good health until eight years ago, when she found that her abdomen was increasing in size. She also complained of a peculiar pain, "pulling down in the pelvis," as she called it. Her abdomen continued to increase in size until she had such difficulty in breathing that she could not walk up-stairs without great dyspnœa occurring. She was tapped on Aug. 2, 1882, and four gallons of fluid "as clear as spring water," was removed. She does not think that she lost any flesh during the early development of the tumor. In nine months she was tapped again, and three gallons of fluid removed. Between the first and second tappings she lost considerable flesh. At about the same interval she was tapped again, and three gallons of fluid removed. She was tapped yearly since Aug. 2, 1882—seven times in all—the last tapping occurring in April of this year.

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Two or three years ago she began to flow more freely at her periods, until they became so profuse that she would flow as long as a month at a time. About the same time she noticed that there was a projection from the vulvar orifice, which would become larger if she were on her feet and retained her water, and diminished in size after the bladder was empty.

She presents an appearance of considerable emaciation, and states that she is rapidly losing strength. Inspection shows the abdomen to be distended to about the sixth month of gestation and symmetrical. The abdominal wall is very loose and flaccid. There is a circular scar midway between the umbilicus and pubes; and on questioning the patient, she explains that, four years before, she had a "running sore," which continued about two years. The suppuration followed one of the tappings, and took place from the puncture. Palpation of the abdomen shows a loose, thin-walled cyst in the cavity, which does not seem to be adherent to the abdominal wall. Fluctuation marked. Inspection of the vulvar orifice shows a cystocele about the size of a duck's egg, and also an inflammatory swelling of the left labia majora. The vaginal touch shows the cervix to be near the orifice of the vagina, and to be quite small. The lower part of the tumor is felt very distinctly posteriorly, and low down in the pelvis. The uterus is pushed forward and to the right, and occupies a position out of the pelvis, above the right groin. The sound passes through the centre of the body last described to the depth of four inches, and shows it to be positively the uterus. The tumor appeared to have pelvic attachments below the uterus, as though it might be an intra-ligamentous cyst.

Operation, Oct. 6, in the presence of Drs. T. M. Drysdale and Chas. P. Noble, and I was kindly assisted by Drs. J. M. Baldy and J. S. Baer. Incision, two inches; and when the tumor was exposed to view, it was found to be firmly adherent to several places—to the anterior abdominal wall and to the point opposite the scar-seat of former suppurating fistulous opening above noted. It was found that the fimbriated extremity of the Fallopian tube formed this latter attachment. It was this attachment of the extremity of the tube which had probably caused the elevation of the womb, as that organ seemed to be suspended from the point noted, the Fallopian tube extending from this point downwards over the tumor, forming a portion of the wall of the tumor. It was also noticed that the outer and upper wall of the tumor was apparently closely adherent to the intestines. So closely related was the tumor to the intestines that it was necessary to carefully select a place where puncture could be made without wounding the bowel. About two gallons of thin fluid, rather straw-colored, was evacuated, when the cyst entirely collapsed. On attempting to draw it out, it was found to be so deeply attached that it could not be withdrawn. The upper portion of the cyst-wall seemed to consist entirely of the intestines, which escaped through the incision when traction was made upon the cyst. They were hurriedly returned, and the fingers now carried downwards towards the base of the tumor; when it was found that the entire pelvic peritoneum of the left side was lifted up—that is, the tumor was entirely subperitoneal and without a pedicle. A condition now presented itself which renders this case one of extreme interest. The base of this tumor was so broad, vascular, and so closely attached to the intestines that to have begun to enucleate below would have been hazardous, on account of the danger of rupturing the bowel, as well as from hemorrhage, which would probably have been great, from opening of large blood-vessels. We determined that it would be best in this case to begin to enucleate at the point of puncture of the trocar; and it was found, much to our satisfaction, that the cyst was readily separated from its outer or peritoneal coat. So readily was this done that it was unnecessary to ligate a single blood-vessel, and the enucleation was finished within ten minutes. After the enucleation was completed, the entire peritoneal covering collapsed and disappeared. It contracted so quickly indeed as to make it difficult for me to find its cavity for the purpose of irrigation, which was next done. The thick Fallopian tube was next

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ligated and cut away; but the tumor itself was entirely without a pedicle, and was monocystic, as you will see in this beautiful specimen. After irrigating, the wound was closed around a small drainage-tube, and the patient returned to bed, showing some evidence of shock from the operation, from which she soon rallied. The drainage-tube was removed within thirty-six hours, and the patient has recovered. During the third and fourth days the urine was found to contain pus and blood; but on investigation it was found that it probably originated from a former cystitis. The bladder was washed out twice daily with carbolized water, and she soon recovered from this condition.

In my experience this case is unique. The cases of broad ligament cysts requiring enucleation with which I have met have been of such character as to require the application of many ligatures and pressure forceps to control the hemorrhage during enucleation. Whether this is because I formerly began to enucleate near the base of the tumor by breaking through the outer covering, or whether it is seldom that we meet with a tumor so easily enucleated as this one was, I do not know; but I lean rather to the latter view. My experience with this case, however, will lead me to endeavor in future to begin the enucleation high up, at the top and less vascular part of the cyst wall.

It was long ago pointed out by Bantock that, in broad ligament or parovarian cysts, the peritoneal covering could be readily separated from the cyst proper. This served to distinguish it from cyst of the ovary, the outer wall of which cannot be separated from the covering beneath it. While this was an intra-ligamentary cyst, it was not that form of cyst which is described by Doran as originating in the hilum of the ovary, and containing papillary growths, several specimens of which I have exhibited to this society.

THERAPEUTIC NOTES.

BY CHARLES EVERETT WARREN, M. D., Boston, Mass.

NAUSEA AND VOMITING.

Irritability of the stomach and intolerance of food by it can usually be traced to some abnormal state of the general system, or to reflex irritation from a sympathy with some special organ. While attention should be given to the cause, it is of vital importance that the symptoms should be relieved in order that food may be retained and assimilated. If all nourishment is ultimately rejected, begin the use of nutrient enemata early.

Don't starve your patient to death. Try remedies in rotation, using judgment in choice *pro re nata*. If a remedy does not act promptly, try another. (Barbiglia.)

Correct all disturbances, functional or organic, as far as possible, before simple irritation becomes confirmed gastritis. (Warren.)

Remove constipation by mild cathartics. Compound licorice powder, pill scammony, 50 centigrammes, jalap, 1 grain (Tarnier), citrate magnesia (Leishman), "potion de Riviere."

Meat diet is best. Gratify cravings (Barbiglia). Small quantities at frequent intervals. Cold food least likely to be rejected. (Tarnier.)

Milk, lime water and barley water may be retained in severe cases.

Position (reclining) may be beneficial.

Rest also alleviates or prevents a repetition.

Enemata are of value, not only as a last resort, but as an expedient for supplementing inadequate nutrition. (Campbell). He uses beef tea ʒ ij–viij twice daily, injecting it very slowly to avoid exciting expulsive action.

Inunctions of cod-liver oil, cocoa butter and the like, may sustain the failing powers when enemata are rejected. (Leishman.)

Acid. hydrocyanic. dil., gtt. j–v is valuable as a sedative in nervous cases or reflex irritation.

Aconite will relieve some cases.

Armoracia (horse-radish) scraped fine and moistened with vinegar is valuable. (Tilt.)

Arsenic in single drop doses on an empty stomach sometimes affords astonishing relief. It is nearer a specific than any other remedy. (Warren.)

Atropia has been used with advantage.

Belladonna, ten minim doses of tincture. (Tilt.) Concentrated solution

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applied over the stomach will calm the irritability.

Bismuth phosphas, superior to the subnitrate. (Tedenap). Acts in smaller doses, is more soluble and applicable in the same conditions; one to two grains at a dose.

Bismuth subacetat, gr. j–iss, before each meal. (Tarnier.)

Bismuth subnitras is at times an active sedative. Bitters, gentian, calumba, quassia, angostura or absinthe, alone or combined.

Calumba frequently allays the nausea and vomiting. (Phillips, Bartholow.)

Acid. carbolic (C. P.) drop doses in mucilage is recommended by English writers.

Cerii oxalas is highly extolled. Best combined with bismuth subnitrate. The nitrate is also used. (Lusk.)

Chloral hydrate in simple nervous erethisms of the stomach acts promptly. It is best administered as a rectal injection (gr. xxx in mucilage).

Chloroform, a few drops in a spoonful of milk is sometimes effectual. Sir C. Locock recommends repeated inhalation almost to insensibility.

Cinchona alone or with iron.

Creosote in small doses (Ringer), sufficient being added to water to make it taste; a dessertspoonful of this fluid being given at intervals.

Cupric sulphate in solution (gr. iv, water oz. j) in six drop doses, sometimes affords relief. (Bartholow).

Ether inhaled or taken internally, a few drops at a time, will sometimes relieve nausea. Spraying the spine with ether gives good results. (Dubelski).

Hydrargyrum chlorid. mite may have a sedative action. Calomel is given in doses of gr. x–xv alone or combined in smaller quantities with opium. (Tilt.)

Hyoscyamus (hyoscyamia), 5 milligrammes, water, 125 grammes, a teaspoonful every hour is successful. (Pitois.)

Iodine, drop doses of the tincture, every hour or two. (Bartholow.) May be given in milk with advantage.

Ipecacuanha, wine of ipecac gtt. j, water dr. j at a dose every hour. (Fuller.)

Magnesia in small doses usually affords relief.

Nux vomica (tincture gtt. v–x) as required is the main reliance of Playfair. Best adapted to cases with much nausea and little vomiting in doses of half a drop to a drop.

Opium (and morphia) are the first remedies to be tried. (Tilt.) May be given by the mouth or in suppositories, extract of opium gr. ij–iij, or morphia acetate gr. j. Do not forget that any form of opium causes nausea in some persons. This may be overcome to a degree by combining with atropia and giving hypodermically.

Potassium bromide gives decided and immediate relief, gr. xxx–dr. j may be dissolved in beef tea. Brandy and laudanum may be added if the condition of the patient demand it. (Busy.) In doses of from one to two grammes a day, the action is such that it might be called a specific, if it were permissible to speak of specifics in such a case. (Friedrich.)

To secure the full effect, give this remedy on an empty stomach, late in the day or at bed time. (Warren.)

Potassium iodide is occasionally of value in doses of 50 centigrammes daily. (Ricord, Becarisse.)

Salicin may be found efficacious.

Santonine may relieve by expelling intestinal worms (the cause in some cases).

Sodii bicarb. stands in the first rank. Combine with charcoal in gaseous eructations.

Strychnia is strongly recommended. (Tilt.)

Tannic acid is very efficacious in pill form gr. j–ij every night and morning. (Debove.)

Stimulants should be used cautiously, as a habit may be formed worse than the disease. Dry champagne iced in tablespoonful doses every fifteen minutes has a wonderful effect. Alcohol to intoxication sometimes relieves.

Tobacco smoke as an inhalation. (Gross.)

Ice in small pieces will often give relief.

Aerated or carbonated waters are of value, especially if iced. Small quantities at frequent intervals.

Cold to the epigastrium over the stomach or to the head is often benefi-

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cial. Cold water (Dezon.) may be used or the ice poultice or the ice bags.

Heat applied to the epigastrium or to the head by hot fomentations, poultices or water bags is occasionally useful.

Injections, rectal or vaginal, may be useful. More efficacious if containing opium.

Suppositories, rectal and vaginal, containing opium or its alkaloids, are the earliest and best remedies indicated.

Oxygen inhalations, often relieve, especially in chlorotic subjects. (Pinard.)

Leube's enema consists of five to ten ounces of finely chopped beef, to which is added one-third of its weight of finely minced (pig or ox) pancreas. This mixture is thoroughly ground up in a mortar, with five ounces of water, and thus reduced to a thick soup. Not more than four to six ounces to be given at a time, not more often than once in four hours.

For convenience in setting up and for brevity the recipe mark ℞ is omitted and also the abbreviations for misce and signe; M. and Sig.

Tinct. nucis vomicæ.....♏ ij
Aq. laurocerasi.....ʒ j
Dose.—Two drops night and morning.

Potassi iodid.....ʒ ij
Infusi quassiæ.....ʒ viij
Dose.—Tablespoonful three times a day, (in sympathetic vomiting). (Selkirk.)

Tinc. benzoin. comp.,
Acid. sulphuric. dil.....āā ʒ ss
Thirty drops on sugar. (Clark.)

Tinc. iodi.....gtt. x
Aq. destil .....ʒ iij
Syr. aurantii cort.....ʒ j
Teaspoonful several times a day. (Eulenberg.)

Raw lamb.....ʒ j
Dry champagne.....ʒ viij-x
Ingluvin.....gr. x
To be iced. Teaspoonful every few minutes as the case allows. (Warren.)

Cerii oxalatis.....gr. x
Bismuthi subnitratis.....gr. xxx
Make ten powders. One five or six times a day.

Calumbæ.....ʒ ss
Sennæ.....ʒj
Zingiberis.....ʒ ss
Aquæ bull.....Oj
Wineglassful three times a day. (Forwood.)

Potion de Riviere.

A. Ac. citric.....gr. xxxvj
Syr. simplicis.....ʒj
Aquæ.....ʒj
B. Potassii bicarb.....gr. xxxvj
Aquæ.....ʒ iij
A tablespoonful of each mixture to be taken successively. Effervescence occurs within the stomach.

Strychniæ.....gr. ¼
Tinc. zingiber.....ʒ vj
Aquæ.....ʒ iv
A teaspoonful every one or two hours. (Tilt.)

Ext. belladonnæ.....gr. xxv
Ext. hyoscyami.....gr. lxxx
Plumb. iodid.....ʒ j
Ol. theobromæ.....ʒ j
Ol. olivæ.....ʒ ij
Ft. suppositoria. Use one every night. (Tanner.)

Cerii oxalatis,
Pulv. tragacanth. comp....āā gr. x
Tinc. aurantii.....ʒ ss
Aquæ.....ad ʒj
A dose, as required. (Image.)

Atropiæ sulph.....gr. j
Morphiæ sulph.....gr. iv
Ac. sulphuric. aromatic.....ʒ ij
Aquæ.....ʒ v
gtt. x-xx t. i. d. (Boys.)

Morphiæ acetat.....gr. viij
Atropiæ liq. (B. Ph.).....♍ xlviij
Glycerinæ.....♍ v
Aquæ.....ad ʒ iv
Five to ten drops subcutaneously. (Atthill.)

Ac. carbolic.....gr. iv
Bismuthi subnitrat.....ʒ ij
Mucilag. acaciæ.....ʒj
Aq. menth. piperitæ.....ʒ iij
Tablespoonful every two, three or four hours (vs. acute gastritis and intestinal disorder). (Bartholow.)

Ext. nucis vomicæ.....gr. j
Ext. conii.....gr. xij
Misce et f't pilulæ, no. vj.
One three times a day (vs. malignant disease of the stomach). (Barlow.)

Bismuthi subnitrat.....ʒ ij
Ac. hydrobromic. dil.....ʒss
Muc. acaciæ,
Aq. menthæ piperitæ...āā....ʒ ij
Tablespoonful three times a day. (vs. gastric ulcer.) (Da Costa.)

Ammoniæ carb.....ʒ ij
Pulv. tragacanth.....℈j
Aquæ destil.....ʒ vij
A tablespoonful every hour. (vs. acidity.) (Rademacher.)

Spt. ammoniæ aromatic,
Spt. lavandulæ comp.....āā ʒ ss
Tinct. cardamomi comp.....ʒ ij
Teaspoonful in water as required. (Warren.)

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CAMDEN, S. C., AS A WINTER RESORT FOR INVALIDS.

BY JOHN W. CORBETT, M.D.

CAMDEN is situated in latitude N. 34.17°, longitude W. 80.33°. Its mean temperature for thirty-one years is: Spring, 61.90°; summer, 79.32°; autumn, 62.26°; winter, 45.16°; annual, 62.16°. The average annual rainfall for twenty years is 42.22 inches. The town is situated on a sandy ridge, in the midst of the pine woods (long leaf) of middle South Carolina, one mile from the right bank of the Wateree River, and three-fourths of a mile from the left bank of Pine Tree Creek. The drainage is consequently perfect, and immediately after a rain, the soil being very porous, one can walk out without the feet becoming wet, except, of course, during spells of continued rain or snow, the latter being of very rare occurrence.

The population of Camden and its suburb, Kirkwood, where the Hobkirk Inn for northern guests is situated, is something under 3000. The pine tree (Pinus palustris aut australis) is found on the public squares and in other portions of the town. From the pine is made a great deal of turpentine spirits, rosin, and tar. Stills for the distillation of the turpentine are abundant throughout the county, and one is situated near the heart of the town.

The following is from a New York medical journal of October 21, 1876, and is from the pen of the late Dr. Willard Parker:

"Camden, S. C., is situated on some piney sand hills, at an elevation of about 240 feet above tide water. Owing to the peculiar nature of the soil all moisture is almost immediately absorbed, so that the air is remarkably dry. As regards temperature, while, as throughout the entire south, there are a few cold days, we find none of that penetrating cold experienced in places near the seaboard; nor on the other hand do we have any of that excessively enervating heat met with in places farther south. The pine trees and turpentine stills in the vicinity give the air a terebinthine odor, most soothing to those harassed by cough.

"Whether from the absence of the furnace heat—our rooms were warmed by large, open wood fires—or to the dryness of the air, my two children, neither of whom had ever before passed a winter free from croup, showed not a symptom of it, though exposed in all weathers; in fact, almost 'living out of doors' in rainy as well as pleasant weather."

There is no malaria except in exposed places. Visitors need not fear chills and fever at all, unless they bring a supply. Throat and lung diseases in their early stages are arrested by living in this intertropical, sunny, dry, and stimulating climate. Nervous patients are soothed and invigorated, asthma and catarrh are cured, and convalescents from general debility, insomnia, and dyspeptic troubles are improved by a visit to this health-giving climate.

To lovers of history this town is peculiarly attractive, as its annals are pregnant with Revolutionary and other interesting incidents. More than once in recent years a month has gone by without there being a death, the average death rate of the community being about 13 per 1000.

Perfect order reigns in our town. There are four white churches and three colored. Mail and telegraphic facilities are perfect. Camden can be reached from Philadelphia in twenty-four hours, by the Richmond and Danville road via Charlotte, N. C., to Rock Hill, S. C., where connection is made with the great three C's (Charleston, Cincinnati and Chicago), which carries one direct to Camden. There is also daily mail, passenger and express connection with Charleston, S. C., the largest seaport town on the South Atlantic Coast, between which and New York City, passenger steamships run regularly. Camden can also be reached from the North in about the same time by the Atlantic Coast Line from Washington to Columbia, S. C., and thence by the South Carolina road direct to Camden.

One can be easily amused here with the duck and partridge shooting, deer and fox hunting, dancing, tennis playing, walks, horse-back and buggy rides, etc., etc.

In closing I cannot refrain from mentioning as a fact that the people of

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Camden are noted, wherever known, for their hospitality and refinement.

CASE OF DEATH FROM ELECTRICITY.

BY DR. N. G. KEIRLE.

Read before the Clinical Society of Maryland.

A FREAK of lightning will sometimes cause bones to be broken, viscera to be torn, etc. Again, only scratches are seen to show its trace. A man was killed by lightning, his hat was found to have a rent in it, and a little point of blood was seen on his head. Over the heart a parchment-like patch was observed. In turning the body over, the skin peeled off as if it had no attachment. His pantaloons were in shreds below the left knee, but the skin beneath them did not peel off. Why did the lightning tear his clothes, etc.?

The case in which the post-mortem was made was a lineman in the employ of the Electric Light Company of this city. The wire on which he was working was not insulated, and it was given in testimony at the inquest that workmen frequently take hold of the wire with no effect except a slight "shunt." It seems that he had cut the wire and then took hold of the two ends. This connected the current and instant death was the result. When the man was seen he was very stiff. A wound was observed between the thumb and index finger of the right hand. There was no loss of substance found radiating from this wound; there was a brown eschar.

A careful post-mortem was made. The appearance which was especially noticeable was the absence of blood in the heart. The right side was flabby, the left was contracted. Blood flowed freely on removing the calvarium, which might account for its absence in the heart.

If all of the heart's cavities had been contracted we could understand how we could have an empty heart. The lungs were congested, and the blood in them was fluid.

Another corpse was charred completely. He was found lying upon his face with his legs flexed. The articulation of the astragalus was laid bare. The heart escaped injury. All over the body were seen patches of hard pinched-like areas with little clefts between them. Some thought his position was due to crawling along the floor, others suggested that it might be due to stimulus to the muscles caused by the fire.

The post-mortem showed that the parietal bones and bones in general were reduced to a calcined condition. The dura mater was untouched; the brain appeared somewhat rough as if rubbed with something. The frontal sinus was open, as was also the antrum. The eye-lids were charred, and when lifted a yellowish substance was observed. The ball was punctured, the aqueous humor came out and both lenses were found to be white. The lungs were congested, larynx and trachea red and fluid, stained with soot and smoke. The cause of death was suffocation.

TRANSLATIONS.

VENEREAL DISEASES.

DR. ARTHUR PLUMERT, of Prague (*Vierteljahreschrift F. Dermatol. U. Syph., Heft 5, 1888*), employs with the most eminent success the following formulæ in the therapeutics of all forms and varieties of venereal disease:

1. Hydrarg. salicyl.,
   Potass. carb., āā.....1.00–3.00
   Aquæ dest.....1000.00
   M. S.—Urethral injection.

2. Hydrarg. salicyl.,
   Potass. carb., āā.....1.00
   Aquæ dest..... 100.00
   M. S.—Lotion.

3. Hydrarg. salicyl.....1.00
   Vaselini.....30.00
   M. S.—Ointment.

4. Hydrarg. salicyl.....1.00
   Magnes. carb.....20.00
   M. S.—Dusting powder.

5. Hydrarg. salicyl.,
   Potass. carb., āā.....0.10
   Aquæ dest.....10.00
   M. S.—For subcutaneous injection, one c.c. daily, deeply into the tissues.

6. Hydrarg. salicyl.....2.50
   Pulv. rad. acori,
   Ext. rad. acori, āā.....q. s.
   M. et ft. pil. no. 100.
   S.—2, 3, 4 and even 6 pills per day.

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INTRAMUSCULAR INJECTIONS OF MERCURY.

In the same number of the above named journal, Drs. J. Jadassohn and E. Zeising assistants at Prof. Neisser's Skin and Venereal Clinic of the University at Breslau, discuss the treatment of syphilis by means of intramuscular injections of mercuric salicylate, and the thymolo-mercuric acetate, nitrate and sulphate, particularly the acetate. Here we have a combination of the mercury with organic substances—salicylic acid on the one hand, and thymol on the other—and the question is, do these combinations pass into the blood and lymph currents the more readily, and do these organic substances, being by themselves germicidal, act synergistically with the quicksilver?

The three salts, thymol-hg-acetate, thymol-hg-nitrate, and thymol-hg-sulphate, were injected into the gluteal muscles of a large number of syphilitics, in all degrees, stages and varieties of the disease. The dose was gram. 0.10–0.15 suspended in gram. 1.00 of paraffine oil—about 2–3 grains of the salt to 15 minims of *paraffinum liquidum*—every 3–5 days, and from 22–34 days, therefore 5–8 injections were required for a cure. On an average, two injections more must be made than with calomel; but this disadvantage is more than compensated by the very much smaller local reaction and irritation, thus making it possible, if time for 6–8 injections is lacking, to diminish the number of these by increasing the dose. After the first few injections have once been well borne, two injections, of 0.10 into each gluteus, or one of 0.15, can be applied, and then a longer pause be made.

The clinical experiences are briefly summed up as follows:

1. "Intramuscular injections of 10 per cent. suspensions of these salts so seldom cause pain, stomatitis or—and, if at all, very insignificant—infiltrates, as to make them far preferable to any other quicksilver preparation."

2. "These injections bring about the disappearance of syphilitic phenomena in a rapid and energetic manner; but they never quite reach the effect of the 10 per cent. calomel oil, yet surpass in this respect the 'gray oil' by far."

3. "6–8 injections of this liquid are sufficient for a cure. These injections can be given two at a time, or at shorter intervals, without, with proper precautions, experiencing disagreeable effects. Microscopic examination proves that mercury is eliminated for some time after the cure is completed."

A NEW REMEDY FOR SEA-SICKNESS.

PAUL LOYE, in the *Revue Scientifique*, gives an amusing account of his experience while crossing the sea to Oran, in company with a number of physicians. Each had his remedy for sea-sickness, but when the critical moment arrived all proved useless.

On the return trip M. Loye tried the effect of posture, and found that he could obtain relief by lying in his bunk upon his belly, firmly wedged in with various articles. Afterwards he urged many travellers to provide themselves with abdominal belts, believing that the mobility of the intestines has much to do with sea-sickness.

PATHOLOGY AND TREATMENT OF TETANUS.

GUELPA, in the *Bul. Gen. de Thér.*, details a number of experiments on the above subject made at the laboratory of the Cochin hospital. Inoculations were made upon rabbits and guinea-pigs, and the following conclusions were reached:

1. Tetanus is an infectious malady.

2. Although the horse may be the most likely animal to contract this disease, it is certain that, contrary to the opinion of Verneuil, tetanus is not of equine origin. If we wish to give the correct origin of tetanus it would be more just to say that it is of telluric, or, better, of bacterial origin.

3. The tetanic symptoms are not the direct effect of the microbes, but rather the consequence of the toxic matter secreted by them.

4. At least during the first manifestation of tetanus the bacillic pollution is limited to the seat of the wound.

5. In the treatment one ought to aim at three principal points: *a*. The destruction of the bacillus; *b*. The elimination from the organism the products of the microbe; *c*. The sedation of the nervous system. We would accomplish the first end by making

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some deep incisions at the seat of the wound, and using lavage and dressing with a strong solution of corrosive sublimate (5 parts in 1000), or better still, with a strong solution of nitric or sulphuric acid.

By exciting the excretory functions we can favor the elimination of the soluble poisons secreted by the micro-organism, by means of strong purgation, or by abundant diuretic and diaphoretic drinks, or by injections of muriate of pilocarpine, which, in addition to the diaphoresis, exercises a direct influence upon the bacillus of Necolayer. Finally, the nervous system is calmed by administering large doses of chloral, to secure the greatest possible repose.

EXTERNAL USE OF HYDRATE OF CHLORAL IN NIGHT SWEATS.

Dr. Nicolai has obtained some good results in the night sweats of phthisis, by employing 2 drachms of chloral in two glasses of equal parts of vin ordinaire and water. Every night the patient is sponged with this solution. If this does not suffice, a garment is saturated with this solution and then dried, in which the patient sleeps. The effect of this treatment is excellent upon children whose night sweats are not caused by phthisis. Usually three or four frictions suffice to cure night sweats which have continued for many weeks. —*Bul. Gen. de Thér.*

PUERPERAL ECLAMPSIA.

A work upon the treatment of puerperal eclampsia by AUVARD, contains the following tabulated result of various methods of treatment:

I. *Mortality of Mothers.*

1.	Purgatives	43 per cent.
2.	Forceps	42 "
3.	Bleeding	35 "
4.	Chloroform and chloral	34 "
5.	Version and delivery	38 "
6.	Preventive milk diet	28 "

II. *Mortality of Infants.*

1.	Version and delivery	57 per cent.
2.	Bleeding	53 "
3.	Forceps	40 "
4.	Purgatives	37 "
5.	Chloroform and chloral	27 "
6.	Preventive milk diet	21 "

These statistics show the superiority of the preventive milk diet over other methods.

—*Bul. d'Académie de Médecine.*

POPLITEAL ANEURISM.

CAUCHOIS, after detailing a case of bilateral popliteal aneurism, terminating in a cure after amputation on one side, comes to the following conclusions:

1. It is possible for a popliteal aneurism to exist on each side in the same subject without any lesion of the vascular and cardiac system, and the two aneurisms can be cured by a surgical operation.

2. Other methods, such as flexion, divers compressions often difficult of application, are useless in most cases; nevertheless, it should be always the rule to commence the treatment by a trial of these methods, unless formally contra-indicated. A popliteal aneurism relatively small, well circumscribed, but little resisting, without symptoms of inflammation nor adjoining trouble, which fails to yield to the above measures, may be treated by ligating the artery by the method of Anel, as in the right knee of the patient mentioned.

The extirpation of the sac should be the chosen method for an aneurism large, ill-defined, accompanied by disorders of nutrition, loss of mobility of the limb, and the commencement of joint trouble, etc., as in the left knee of the same patient.

BLISTERING IN INFANCY.

In the "Revue des Maladies d'Enfants" Dr. Saint Phillipe publishes a memoire upon this subject with the following conclusions: The blister is a precious weapon in infantile treatment, but requires to be used with judgment. Internal accidents can be overlooked because an infant cannot complain, but external mishaps are the most common, because children are more disposed to them, especially in hospitals. Among the topical applications which are the most efficacious, subnitrate of bismuth is recommended as being the most rapid, most inoffensive and surest.

—*Revue de Thér.*

MEDICAL ANTISEPSIS.

From a lecture given at the Hospital St. André by Dr. Artigalas, so competent on all micro-biological questions, the following conclusions are noted:

1. The body normally manufactures ptomaines. They can accumulate and

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produce some accident when the oxygen which should destroy them is deficient, or the channels of elimination are obstructed. From this the two great physiological principles of antisepsis are evolved: (*a*) to maintain normal oxygenation; (*b*) to keep the secretions normal or to restore their equilibrium.

2. According to the constitution of the microbian illness, it is either local or general. The morbific element thrives in certain regions, and causes there the formation of toxic products.

Therefore: (*a*) the necessity to find a diffusible antiseptic, as is sulphate of quinine in intermittent fever; (*b*) to change the surroundings where the microbes flourish, as in the intestinal antisepsis of typhoid fever; (*c*) to make, as far as possible, secondary channels for elimination of the microbes and ptomaines, as in nephritis of scarlatina and of cholera.—*Revue de Thér.*

HOSPITAL NOTES.

PENNSYLVANIA HOSPITAL.

REMOVAL OF PAROTID GLAND.

MORTON, a few days ago, performed the above operation for removal of a tumor involving the entire parotid gland. The patient was a man aged 32 years, and the tumor had started five years previously as a small nodule. An incision elliptical in form and about five inches in length was made over the tumor. After a prolonged dissection the tumor was removed, and a drainage-tube being inserted, the edges of the incision were brought together. Morton explained how necessary it was to avoid injury of the facial nerve, which might result in motor paralysis of that side of the face; or of the facial artery, for which it might be necessary to tie the common carotid. Another danger to be avoided was the production of a salivary fistula, which was an exceedingly difficult one to close. The growth was found to be a cystic tumor.

MITRAL DISEASE COMPLICATED WITH ACUTE NEPHRITIS.

HUTCHINSON presented at his clinic a Russian female, aged 27 years, who had been admitted to hospital a week previously. As the patient was unable to speak English, only a meagre history of her case could be obtained. Examination showed the existence of considerable dyspnœa. The lungs were normal. A well-marked, systolic mitral murmur was present, loudest at apex, but continued into the axilla and to the left side of the spinal column. There was considerable œdema in both legs, and evidence of dropsy of the peritoneal cavity. The urine was diminished in quantity, of low specific gravity, alkaline in reaction, and contained a large quantity of albumen and granular casts. Hutchinson was of opinion that the primary disease was that of the mitral orifice, the nephritis being probably the result of an acute inflammation. How much the symptoms were to be attributed to the heart, and how much to the kidneys, he was unable to say, owing to the impossibility of obtaining any previous history. With regard to treatment, he said the first indication was to establish the normal quantity of urine passed in twenty-four hours, and with that object there was no better diuretic than pure water; but its action was much increased if it contained some medicinal diuretic, such as infusion of broom or of juniper, with cream of tartar to act as a cathartic, and thus carry off the œdema of the extremities and the dropsy of the peritoneum. This also was accomplished by elaterium or pulv. jalapæ co. Large quantities of fluid were also removed by the diaphoretic action of pilocarpine given hypodermically; while in patients in whom there was much renal congestion, as evidenced by the existence of blood in the urine, nothing acted so well as cupping over the loins. The case before the clinic, Hutchinson thought, was a suitable one for infusion of juniper berries with cream of tartar. He also prescribed ten minim doses of tincture of digitalis to relieve the heart symptoms.

GELSEMIUM.

SCHREIBER recommends gelsemium for many painful nervous affections; the tincture from the green root being the most reliable preparation.

—*Peoria Med. Monthly.*

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PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, JANUARY 15, 1889.

EDITORIAL.

THE MEDICAL YEAR, 1888.

THE year which has just terminated was characterized by many contributions of value to medical literature; though no great epoch-making discovery was announced, yet workers in every department in medicine were busily engaged in laying broad and deep foundations for further advance. To adopt the happy simile of Oliver Wendell Holmes, we have been laying our base line, which will enable us to further triangulate and explore the unknown territory before us. There has been no lack of new remedies, which for a time claim attention and are then supplanted by some other novelty. They agree very remarkably in one element: it is the high price at which they are held when first brought forward, as compared with their ordinary market value when they have ceased to attract much attention, and are governed solely by the ordinary commercial standards.

In fact, the endless multiplication of remedies, though showing enterprise and a commendable activity on the part of the purveyors, is not without its disadvantages to the profession. The practitioners of medicine are constantly solicited to use novelties in medicine which they are only acquainted with through the recommendation of some one else, and in their favor to abandon remedies that they have been made familiar with by years of experience. Such a change might be construed as an evidence of dissatisfaction with the old and tried methods of treatment; it is true that in some instances this view appears to be justified by the facts of the case; but these are exceptional. The results in pneumonia, typhoid fevers or chronic disorders such as phthisis or diabetes, when treated by the latest therapeutic novelties, are not in strong contrast with those of a decade ago; they show some improvement, it is true; but this is in part, and probably in great part, attributable to improvement in the hygiene of the sick room and more intelligent nursing.

Among the new remedies, agents to reduce fever are prominent. Since the cold-bath treatment of typhoid was found wanting in the important element of safety to the patient, more attention has been directed to antithermic drugs. Although a proprietary preparation, antipyrine has been largely used, and in a great variety of disorders; it is now manufactured in France and sold under its proper chemical name, or "analgesine" for short, as a trade title. It has proved to be of great value in the treatment of painful affections, where it can often substitute opium; in spasmodic disorders, such as whooping cough, it affords relief, and has been used hypodermically in sunstroke with good effect. Antifebrine, or acetanilide, is sometimes used as a substitute for antipyrine; but is less soluble and less acceptable to delicate stomachs. Phenacetine is the latest one of this class to be introduced, and appears to be one of the best; it has the same range of application as antipyrine, and is without unpleasant after-effects. We also note the appearance of a new hypnotic, sulphonal, which has been largely used during the last twelve months as a substitute for other narcotics. It is free from taste and odor, and is said to produce a quiet sleep without secondary ill-effects.

Despite the praises of hydrofluoric acid, of phosphate of copper, of men-

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thol, sodium chloride, and the rest, pulmonary phthisis continues to claim its victims very much as it used to. The Bergeon method has fallen into deserved disrepute as a routine treatment, although in selected patients real benefit followed its employment. What share hope and expectant attention had in determining that improvement is of course unknown, as it is in all our therapeutic deductions.

In pathology there is arising a more intimate knowledge of the fever process, and an increasing tendency to reject the mere testimony of the thermometer as indicating the only, or the most important, part of this complex process. In the etiology of nervous disorders, especially epilepsy, there is a better recognition of the reflex factor of imitation than ever before.

It must be confessed that practical surgery is winning laurels by invading fields that were supposed to properly belong to internal medicine. The successful removal of brain tumors, has been followed by the extirpation of growths from the vertebral canal, early in the year.

Victor Horsley successfully removed such a growth (myxoma) from the surface of the cord in the dorsal region, with complete relief to the paraplegia which was solely caused by compression of the spinal cord.* Macewen† in his address before the British Medical Association, reported six cases in which the posterior arches of the vertebræ were removed, five patients having angular curvature and anchylosis, three of whom recovered and were able to walk, having previously been hopelessly paraplegic. These brilliant successes have the effect of greatly stimulating operative surgery, so that there is some danger that it may be overdone. Tait has finished his second series of a thousand cases of laparotomy, with a death rate of 5.3 (his first thousand being 9.2). Since the profession has learned the simplicity and comparative safety of the operation of "spaying," there are thousands of operators springing up who are learning to emulate Tait, and the result is that the race is rapidly assuming a position where it can be classified as male, female and neuter. This indiscriminate operating has not been without protest. Dr. T. A. Emmett states that he is satisfied that two-thirds of the cases operated upon to-day would not be operated upon five years from now. Dr. Goodell has also sounded a note of warning; and there are signs of a healthy reaction in favor of milder measures in cases of salpingitis or ovarian displacement, than the radical one of amputation.

Space fails or we would refer to the great activity in medical societies during the past year; the list of important congresses and association meetings is a long one, and would be more in place in the index to which we must refer our readers for a complete summary of medical events during the year. With regard to epidemics it is something of a surprise (if correctly reported), to find Prof. Von Pettenkofer at the Sixth International Congress of Hygiene and Demography denouncing quarantine, declaring it to be destitute of value, and its benefits illusory; when the Academy of Medicine, of New York, and the College of Physicians, of Philadelphia, have deemed the quarantine at New York to be of such importance to the country at large as to send committees to examine into the manner in which it is conducted, and to suggest measures which would make it more useful. Im-

*See London Letter, Phila. Med. Times, Vol. xviii, p. 341.

†See Glasgow Letter, Phila. Med. Times, Vol. xviii, p. 725.

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perfect as that quarantine was, it kept out cholera, and under the able superintendence of Dr. J. B. Hamilton the yellow-fever in the South was kept within bounds, by the adoption of measures, which, if carried out in the same spirit, will effectually relieve the South of any fear of being again prostrated by the scourge. We note that Dr. Reeves of Chattanooga, whose reputation as a medical microscopist is well-known, believes that he has discovered the materies morbi of yellow fever; we await the report of his investigation with interest; we hope that he will have less difficulty in convincing Dr. Sternberg of the reality of his microbe, than did Dr. Domingos Freire.

Death, which claims all seasons for his own, has not been idle. He has taken from us, among many others, Wesley M. Carpenter and Cornelius R. Agnew, of New York; J. M. Fothergill, of London, for many years the correspondent to this journal, the death of whom comes to us almost as a personal bereavement. In November the Vienna Faculty suffered a heavy loss in the death of Professor Von Bamberger, one of the most distinguished clinicians of modern times, who perished from an affection of the chest. Well may we ask *Quis custodiet ipsas custodes?*

THE AMERICAN ACADEMY OF MEDICINE.

IN a recent number of the *Journal of the American Medical Association* there appeared a criticism of the Academy which demands some notice. The first requisite in a critic appears to be that he should be entirely free from such restrictions as might be imposed upon him by a more or less intimate acquaintance with his subject. In this respect the writer for our contemporary is evidently well qualified for critical work.

He finds fault with the Academy for not having exerted a telling influence in favor of improving the system of teaching in the medical schools. Had he taken the trouble to read the constitution of the Academy, he would have found its objects, as there stated, to be three:

1. To bring those who are alumni of classical, scientific and medical schools into closer relations with each other.

2. To encourage young men to pursue regular courses of study in classical and scientific institutions before entering upon the study of medicine.

3. To extend the bounds of medical science; to elevate the profession; to relieve human suffering, and to prevent disease.

Nothing is said here about elevating the standard of medical colleges, which can only incidentally be brought in as a part of the duties imposed upon itself by the Academy. Its special and particular function is that of improving the preliminary education of the student. We know that this object has been persistently followed by members of the Academy with whom we are acquainted, and that they have used their influence to further the exaction of preliminary requirements by the colleges, and have sent would-be medical students back to preparatory schools when they have shown themselves deficient in that education which is fitting and needful. We do not wish to be understood as intimating that others have not done as much, or that the sole credit of agitating this much-needed reform is claimed by the Academy. But its members have done their full share.

In the same communication the writer says that the Academy wandered from its path by listening to papers on the "treatment of uterine affections by other than surgical means." As the

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writer could not possibly have heard or read the paper referred to (which was not read, and has not been as yet published), he could hardly form much of an opinion upon its appositeness to the Academy. This paper called attention to the tendency of specialists to neglect all except their own favorite methods. Instances were given where laparotomists had recommended their own operation for cases in which the simpler and less dangerous methods which are at the command of every physician proved amply sufficient to effect a cure. How are we to combat this growing tendency? As the specialism grows more strict, until men devote their lives to single operations, the necessity of a class of advisers who occupy a neutral but higher plane becomes evident. Tait believes in nothing but laparotomy; Apostoli practises only electrolysis. Who is to say then, in any given case, to which of these men the patient must apply? The question cannot be left to either of them, because they are interested parties, and each knows only his own method. Obviously, the family physician is the only one who is competent to decide the matter. But *is* he competent? If not, he *must* become so. Otherwise the profession loses its cohesiveness, and its various members assume the relation of South Street merchants, each with goods to sell and seeking by every means to attract customers to his shop.

To so elevate the standard of the family physician that he may intelligently decide whether to call the greatest of surgeons or the first electrician of the day to his assistance is the object before us, and the first step in pursuance of this object is that advocated by the Academy. Let the edifice of medical study be built on the broad and deep foundation of a thorough classical and scientific education.

We leave it to our readers to decide whether this paper was or was not in harmony with the objects of the Academy of Medicine.

ANNOTATIONS.

JABORANDI IN BRIGHT'S DISEASE.

MARSHALL, in *The Lancet*, describes a case of Bright's disease in which very remarkable improvement followed the use of pilocarpine. When the treatment was instituted the dropsy was extreme, and the serum assumed the appearance of blanc mange on boiling. The hydrochlorate of pilocarpine was given hypodermically in daily doses of ½ grain, gradually diminishing to ⅛ gr. on alternate days. At the end of a week he could sit up; in another week his upper parts were freed from dropsy; in a fortnight more there was but little œdema left, and at the time of writing he was able to go out of doors and enjoy life with comfort. There is still one-twelfth of albumen in the urine and the legs pit slightly. But the lad looks well, eats well, can walk up hill without difficulty, and considers himself well.

It would be interesting to know the subsequent history of this case, and whether the ultimate effect of the jaborandi is really to prolong life. In dropsy from valvular heart disease, the results from any and all measures to remove the effused serum are only a little temporary relief at the expense of strength, and life is prolonged by the sedulous use of the tonic regimen, with careful feeding and the dry diet, much more than by the use of evacuants.

The question is different in dropsy from kidney disease. We do not know why it exists; except when obviously due to hydræmia. We see dropsy supervening suddenly, when the blood and the urine have not apparently changed from their condition for months previously. The abstraction of serum in these cases may relieve the kidneys of part of their work and be productive of much good, without the drawbacks which exist in cardiac dropsies.

The singular reports of apparent recovery after tapping in hepatic dropsy are also encouraging. In both these

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cases we see signs of a therapeutic rebellion against the gloomy nihilism of the pathologists. Too great dependence on a pathology confessedly obscure, has led to a loss of faith in remedies which is quite as undeserved.

In the case quoted above, the author objected to the administration of pilocarpine by the mouth, on account of the nausea excited. The depression sometimes caused by this active drug is another drawback to its use. Both these objections may be obviated by the use of some such combination as the following, which is now being tried in a similar case:

℞ Ext. jaborandi fl.,.....3 ss.
Tinct. calumbæ.....℥ xx.

M. S.—To be taken every 4 to 8 hours in a little water.

RECURRENT TRANSIENT BLINDNESS.

DOYNE (*Brit. Med. Journal*) states that a patient who had been sent home from India on account of malarial fever was suddenly seized with blindness, which left him in five minutes. A second attack did not quite pass off in three weeks. Two days after this attack, the upper half of the field of vision was restored. There was a dense white fog in the upper half of the fundus, veiling the choroid; but the retinal vessels stood out brilliantly, none being plugged. The cause is obscure. Those which were suggested are: lesion of the visual area in the brain, arterial spasm, and quinine, which causes a long continued narrowness of the retinal arteries. Embolism was mentioned; but it was thought that its effects could not disappear so quickly. And yet the history of these attacks bears a marked analogy to the seizures which occur when embolism of the cortical vessels of the brain takes place: the symptoms disappearing when the collateral circulation is established.

The *Lancet* states that the new Infirmary at Birmingham has 1700 beds; that although lock (venereal) cases and bed-ridden cases, which seldom require medicine, are not to be treated there, there will be but one visiting physician and one surgeon, and two resident assistants.

That such a staff is absolutely incapable of attending to so many patients is so patent that we must beg leave to doubt the accuracy of our respected contemporary's information.

GYNECEAN HOSPITAL.

The first annual report of the Gynecean Hospital shows that during the year there were performed in it 125 abdominal sections, 36 perineorrhaphies, 29 trachelorrhaphies and 6 operations for cancer of the breast.

This is a true charity, no fees being received; no salaries are paid to officers, and contributions from patients go to the support of the institution. The receipts for the year were $2887.97; of which $600.50 came from patients for board. Of the expenses, 11 per cent. went for rent, 29 per cent. for food, 8 per cent. for fuel, 17 per cent. for wages, 26 per cent. for furniture, 2 per cent. for medicines and the remainder for sundries.

Fifty dollars constitutes a life contributor, five dollars an annual contributor, six thousand dollars endows a free bed; and thirty-five hundred dollars or three hundred and fifty annually endows a free bed during the life of the donor.

Alexander Biddle is the President; Dr. Thomas Wistar, Secretary; Joseph Price and C. B. Penrose the attending surgeons.

LETTER FROM PARIS.

DR. AUVARD, editor of the *Archives de Tocologie* and accoucheur to the Paris hospitals, has just brought out three large volumes containing his *Travaux d'Obstétrique*. Each of the works of this eminent obstetrician contains over 500 pages, which makes it impossible for us to give a resume even of one volume in a letter. Much of his work is strikingly original; but it seems to be practical in nature. We take the last article, which is entitled *Du Diagnostic de l'Epoque de l'Accouchement*.

Certainly, if there is a difficult question, it is that, as the author says, "nine out of ten pregnant women who come to consult you wish to know when the labor will take place;" and patients have been known to change their physician because he had not been definite enough about this point. There

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are two points to determine: 1st. When did the pregnancy commence?—that is to say, the conception, or the meeting of the spermatozoid and the ovule; 2d. What will be the duration of the pregnancy, or the time between conception and labor?

For the first, we do not know exactly when conception takes place; for in the most favorable cases, those where there has been but one coitus, there even it may be that the conception did not take place at once; as the studies of Schröder have shown that sperm keeps its fecundating power for two weeks, and conception may take place at any time during that period. This upsets all exact calculations; and this uncertainty in regard to the first point renders all the more difficult the answer to the second one; for, as we cannot tell when a thing starts, it is certainly difficult to tell when it will end, and until we are better informed as to the exact moment of conception, the duration of pregnancy will be a difficult question.

Auvard, however, admits the following as the best approximative law: "The duration of normal pregnancy is nine solar months, or about 275 days; the mean is between 270 and 280 days—nine months less five days, or nine months *and five days.*"

And here he says that it is not at all scientific to discuss *prolonged pregnancy*, as some authors do; because we do not know exactly the duration of normal pregnancy, and therefore cannot pretend to talk of prolonged cases. These are probable, but no one can be sure of them. French law fixes the legal duration of pregnancy as follows: Article 315 of the civil code says, "The legitimacy of a child born after 300 days after a dissolution of marriage can be contested"—that is to say, 300 days after the death, divorce, or in fact cessation of sexual intercourse from any cause, is the utmost limit allowed by law to French ladies; which surely ought to suffice them. This law cannot be applied, however, to certain cases, such as extra-uterine pregnancy, obstacles at the os (such as cancer), and dead fœtus or missed labor.

Auvard then studies at length the signs to guide us. First the menstruation, single coitus and the appearance of sympathetic signs; and then the signs of the middle period—that is, the movements of the fœtus; and, last, falling of the uterus.

Next we have the signs found by direct examination, such as the volume of the uterus and the fœtus, engagement of some fœtal point or modification of the os uteri. But none of these allow us to make a sure diagnosis of the commencement of pregnancy; and it is only by passing over the point and turning it, that Auvard, by a long series of statistics of 250 purely physiological cases, reaches his conclusions, which do not differ much from what we have been taught. But, as they express the latest of such researches, we give them. One important result is that we cannot always be certain according to the state of the menses. Cessation of the menses is a good *probable* sign, but *their continuance is not.* A number of cases of persistence of menses and yet pregnancy is given. One of them is the celebrated case of the woman condemned to death, who stated that she was in the family way; but the physician in charge would not admit it, as she still had her courses. Yet at the autopsy a child was found in the uterus. So that it does not do to be satisfied with this sign.

Auvard, however, gives the following rule: "Take the last day of the last menstruation; count nine months forwards (or three backwards will give the same result), and then add ten days." As to single coitus, the results give the same time, from 28 cases of Dr. Auvard. As to the movements of the child, they usually took place in the fifth month, and some few in the fourth; but of the 250 women, only 18 could give the exact time. When, however, it is known, the labor will take place four and a half months later; but the sign is far from being of real value. As to falling of the womb, it also is rather uncertain; but, when stated, it was followed by labor in fifteen days afterwards.

INTRA-UTERINE INJECTIONS

are certainly one of the best of modern therapeutic measures, so that anything relating to them has a certain interest. We saw a number of such injections

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made in Dr. Rendu's service at Necker Hospital, and patients who would have surely been lost under old methods were saved. There is no doubt that, owing to the adoption of such injections, the mortality following child-bed is now very low. Asepsia is far from being perfect in many things and places, and to help it out by an energetic antisepsia is the best thing we can do. It may be that a few cases are met where some slight trouble is occasioned by the antisepsia itself, but the larger number profit by it. In cases of abortion with retained placenta, followed by septic endometritis, it has been proposed to scrape the inner surface of the uterus; then to *écouvillonner*, or mop out the cavity, and brush it with some caustic liquid. Certain facts and cases prove that the uterus supports very well this rough treatment. This method of wiping out, or *écouvillonage* of the uterus, has been strongly urged in Paris by Dr. Doleris. Many of our best accoucheurs, such as Charpentier, believe in it, and use the method. Others again think that certain cases only should be submitted to this form of treatment, but that most all may be treated by intra-uterine injection.

To return to Dr. Rendu's cases, three of them were women who had been brought into the hospital after abortion, and they were all in a very serious state from weakness and fever, with loss of blood. They were all treated with simple antiseptic hot injections, and did well. That curettage is useful there is no doubt; but it is a real operation, and the uterus must be brought down to the vulva; special instruments are needed also. To make a success of it, one must have good aids—doctors, as a rule; so that it is not given to everyone to make such important operations; while the intra-uterine injections can be made by every physician who is at all conversant with such slight operations.

It is not necessary to have even special sounds with double currents. An ordinary urethral sound, made of gum, No. 16 size (French), will do very well. This may be added to a small piece of rubber tubing, and it can be put on to any of the usual rectal injection apparatus, that may be found in every house. Two fingers are then introduced into the vagina, and the position of the os uteri is well made out; and along the groove made by the two fingers a fair operator can readily slide the sound, and pass it into the uterus. The sound should be stiff enough to go in, but not to hurt the organ. Once or twice a day from two to three quarts of a solution of corrosive sublimate, one part to two thousand of water, will completely clean out all infection and cure the case, without any mercurial danger. One precaution is needed, that is to see that the liquid does not remain in the vagina. Owing to the ampliation of that organ by the escape of the fœtus, its walls lose their elasticity and form pockets, where quite a quantity of the solution may remain. To prevent this, press the posterior commissure of the labia majora well down, and let all the liquid pass out. A good way is to keep the two fingers holding the sound in place, until you are sure the injection has come away. Done in this way these injections are not dangerous, and save many a poor patient, to whom the surgeon of the hospital can only say, "*too late.*" If the doctor in charge at first had only practised intra-uterine injection, all would have been saved.

The powerful antiseptic properties of mercuric bi-iodide shown by Dr. Miquel has lately received a practical application by Dr. Rueff, who is using spray, by inhalation, in the treatment of pulmonary phthisis. They use the following formula:

Mercuric iodide,
Iodide of potassium āā 1 gramme
Aqua destillata.....1000 grammes

The addition of the alkaline iodide salt is to favor the solution of the mercurial one. The spray is produced by a steam apparatus and inhaled by the patients, and it is claimed that the sensation of heat felt by the patients in the lungs, and the further fact that analysis of the air of the rooms proves that the mercuric iodide is found in it, go to show that *it must penetrate the lungs.* Some twenty-seven patients were submitted to this treatment, and ten of them were very much improved. This amelioration consisted in a gain in weight and a diminution of the sputum.

Lactic acid is again highly recommended in diarrhœa of phthisis. It is

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given in a large dose up to four, six and eight grammes per day. Iodoform is also spoken of for the same use, in doses of 0.10 to 0.30 centigrammes per day, but this last is best given by hypodermic injection. The following is the formula used at present in the Paris hospitals:

℞ Vaseline oil.....100 grammes
Iodoform.....1 gramme

This dissolves readily, and is injected once a day, for a long period (two months usually), into the muscles of the shoulder, on the side where the lesion of the lungs exists. A full syringeful of the hypodermic syringe is used, and a rather large sized needle must be obtained, although good vaseline oil will pass easily. The results obtained by this treatment in phthisis are so new that they have not yet been published in Paris; but I hasten to speak of the method as it seems to be of great value. It was Professor Verneuil who first noticed that iodoform had a good effect on tuberculosis.

While speaking of hypodermic injections, a new one is that of camphorated oil (0.10 centigrammes of camphor per injection), in weakness of the heart-muscle and nervous accidents.

ACTION OF THE NERVES ON THE SALIVARY SECRETION.

M. Gley, the physiologist attached to Professor Germain Sée's service, has seen that under certain circumstances the excitation of the central end of the sciatic nerve, in place of increasing the secretion of saliva, has decreased it, and following this up he noticed that when the gland was actively secreting, as, for instance, when the chorda tympani was irritated, then the excitation of the sciatic would stop the secretion. But the excitation of both must be done quickly, for if a little time is allowed to pass, the sciatic will no longer respond. Besides this, if pilocarpine is used to provoke the secretion of saliva, the excitation of the chorda tympani will not increase the effect. M. Gley thinks that this effect is something similar to what M. Marey calls the phase of repose, as during systole the heart will no longer answer to irritation. M. Brown-Sequard also showed that when the iris was contracted new excitation would only bring about a relaxation. These facts seem to prove, that when an organ is in full action, increased nerve action or excitation will only bring about the contrary effect. M. Brown-Sequard himself, in reply to the above, said that it was something like the emotions which will stop the salivary secretion on certain occasions, and that a cause that determines a inhibitory phenomenon can, in other conditions, produce the inverse action.

The public trials for new assistant professors at the Paris faculty of medicine are now proceeding, and they are expected to bring out some good papers on medical subjects. The questions are given to the candidates only three hours before they are required to speak an hour on the subject before a jury of professors and the public. In the meantime they are not allowed to have any books, but are simply placed in an empty room with pens and blank paper before them and a guard at the door. The vacant places for Paris are not more than three, but the candidates are over fifteen, and were over twenty; but some left on the first question being given out. The following are specimens of the questions: Describe death in scarlatina. Give the pleuro-pulmonary accidents in Bright's disease. Describe paralysis of the velum palati. What are the symptoms of laryngeal phthisis, etc.

THOMAS LINN, M. D.

Paris, December 28, 1888.

MILWAUKEE LETTER.

THE sixteenth annual meeting of the American Public Health Association, which was held in this city during the last four days, while not as largely attended as most of the previous meetings, was eminently successful from a scientific point of view. The large number of papers presented, and the attention with which they were received evidenced the continued interest in the various topics of preventive medicine by the maj rity of the members. Most of the papers were fairly representative of the present state of knowledge of the subjects treated, while several were conspicuous for their scientific accuracy and highly practical value. Among

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these must be mentioned the report of the committee on "The Pollution of Water Supplies," drawn up and read by Major Charles Smart, Surgeon U. S. Army; the report on "Garbage Cremation," by Dr. S. S. Kilvington, President of the Board of Health of Minneapolis, and the paper on "Problems of Yellow Fever Epidemics," by Dr. Jerome Cochran, State Health Officer of Alabama.

WATER POLLUTION.

The paper of Dr. Smart summed up in clear, vigorous English our present knowledge of the extent to which sources of drinking water are polluted, the shortcomings of present chemical and biological tests to determine potability, the fallacies current regarding the self-purification of polluted supplies, the danger of using water that has once been polluted by sewage or infective viruses, and finally methods of purification or prevention of pollution. The paper elicited a lively discussion, and was ordered to be printed in advance of the annual volume of transactions, in order that the authorities of States and cities who might desire to take advantage of its recommendations should have the information upon which to base correct action at hand.

TYPHOID IN PITTSBURGH.

As a supplement to the report Mr. Crosby Gray, of the Pittsburgh Board of Health, read a brief paper, giving an account of an outbreak of typhoid fever in that city, which had been clearly traced to pollution of the public water supply of a portion of the city by surface drainage. Mr. Gray showed by a series of figures that the loss to the people of Pittsburgh by this unnecessary and avoidable epidemic was enough to furnish an abundant and uncontaminated supply of water drawn from a source one hundred miles distant. The use of the "pocket-book argument," which has been so effectively employed by Dr. Benjamin Lee, of the Pennsylvania State Board of Health in other cases, is probably the only one that will impress people sufficiently to make them take proper measures for sanitary improvement. Mr. Gray's figures are as follows:

"The cash value of a human life to a community has often been computed, and it is a modest estimate of the average value of the 260 lives lost on the south side over and above its just percentage of the current death rate in Pittsburg, at $1,275 each, or $331,500 together. To this should be added the burial expenses at $50, or $13,000 in all. But as for every death there are many ill who recover, it would be a juster estimate to capitalize the sick at ten times that of the death-rate. That would mean 2,600 people ill. The average time these persons would be compelled to remain employed would be say thirty days. This would give us 78,000 days' work lost. From this deduct 15 per cent. for those below the productive period of life, which would leave 66,300 days lost. Averaging the value of a day's work at $1.25, the total loss in productivity would be $83,875. Add a quarter to this sum, on the basis of but 31 cents per day, for otherwise productive time, devoted to nursing, etc., that amounts to $20,718 more; to which should be added certainly not less than $2 per case for medicine, *i. e.*, $5,200 more. And finally there should not be forgotten the legitimate profit (of, say, one-third a day's wages) on its putative product, to wit, all of $27,625 more. These amounts tally $480,918 per annum, which, literally fatal waste, might be stopped once for all by the establishment of an improved water service, drawing its supply from unpolluted sources 100 miles off, by the timely and wise investment of this sum for two or three years."

GARBAGE CREMATION.

The paper of Dr. Kelvington gave a brief historical summary of the subject of garbage cremation, and followed it by a careful description illustrated by the stereopticon, which was managed by Dr. McIntosh, of Chicago, of the most efficient forms of apparatus now in use. The most practical devices for this purpose seem to be the Mann furnace, used in Montreal and Chicago; the Ryder cremator, used in Pittsburg, and the Engle furnace, now in effective working order in Des Moines, Minneapolis, Milwaukee and on Coney Island. Milwaukee has for some time burned

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the garbage of the city in an apparatus designed by Dr. Marden; but has recently adopted the Engle plan. A cremator of this design is now in progress of construction here, and a preliminary test was made yesterday to show its working to members of the Association. From the somewhat incomplete condition of the apparatus, the results of the test were not sufficiently definite. It is claimed, however, that not only garbage and dead animals, but also night soil can be cremated in this furnace, without giving rise to smoke, odor or nuisance of any kind.

In the discussion on this paper, the health officer of Buffalo gave an account of the system of garbage disposal recently introduced in that city. The garbage is not destroyed, but converted into oil and fertilizer. It is claimed that the oil extracted from the garbage and the fertilizer obtained in small bulk are sufficiently valuable and saleable to reimburse the entire running expenses of the plant.

YELLOW FEVER PROBLEMS.

Dr. Cochran's paper was a clear, concise statement of facts, doubts, and common-sense inferences, and is well described in its title as "Yellow Fever Problems." Condensed into the smallest space possible, its statements are as follows:

This disease is caused by a transportable and transmissible poison, quite as specific as prussic acid, for instance; but it is not known whether the same be a living organism, similar to the cholera microbe, or, as seems more probable, the product of some quasi fermentative process like that caused by the yeast fungus, which, in feeding on sugar, decomposes it into alcohol, carbonic acid and water. These germs do not appear to be bacteria of generically distinctive character or kind, the probabilities pointing rather to a pathologically productive condition of the flora ordinarily resident in the alimentary canal. It is infectious, and, moreover, communicable, but whether from the patient's respiration, secretions, or excrements is unknown, as is also its route of ingress into the human organism, whether from the skin, by inspiration or alimentation.

Though this point is also not yet quite certainly determined, it is more than probable that not personal contact, but the immediate environment, as is the case of typhus and cholera, produces the infection. It is in the United States, however, always of exotic origin; and, as in the case of a shower of sparks on a shingle roof, it is but one, perhaps, that will set fire to the building. Yet one or two sporadic cases are very unlikely, if properly handled, to produce an epidemic, even under otherwise unfavorable conditions. For it may be laid down, as a general proposition, that, in order to get across the street, or over a wall, this infectious "what-is-it" must be lugged there, as it were, by hand or in a bundle. Thus jails, convents and secluded private domiciles are demonstrated to be their own best quarantines.

From this it is made clear, as night doth follow day—so at least Polonius would say—that whatever else may be true, so much is undeniable—non-intercourse is the best prophylactic in latitudes and at seasons where and when the daily mean temperature is protractedly 70 degrees or over. In other words, the golden rule is: "Don't go near the fever if you don't wish to catch it." And its corollary, self-evidently quite as sound: "Don't let the fever come near you, if you don't wish it to catch you"—but only, be it remembered, in latitudes and at seasons where and when the daily mean temperature is protractedly 70 degrees or over. From all of which it further follows that domiciliary quarantine, prompt and perfect, is the desideratum, followed in due course by thorough disinfection. On the other hand it is also certain that depopulation is infeasible and worse, because it involves stampedes and panic, and these in turn what might be called chaotic quarantining—unlawful, wasteful, cruel folly. So, too, are refugee camps necessarily of evil, though admirable in theory.

Thoroughly competent health officers, few but efficient, should, once for all, be endowed with ample funds and authority—and then trusted to run the job themselves without the interference of boards of trade or other expert authorities in—other matters. For be it

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furthermore remembered, that upon importation, even during "hot spells," a spreading of the disease does not follow as a matter of physical or logical necessity; and that in any case its spread, if it spread at all, will be slow. So for this, if for no other reason, it would be advisable to take things easy—if there be a strong, well-equipped health department, all the better; but in any case keep cool, especially in hot weather, for many are not even called, and even fewer chosen by Yellow Jack among the cool, the clean and the cute.

OTHER PAPERS.

Among other papers especially deserving notice are Dr. Lee's paper, containing notes of a personal tour of inspection of Atlantic coast quarantine stations; Dr. Baker's plea for a more rational system of classification of vital statistics; Dr. Montizambert's account of the quarantine station at Grosse Isle on the St. Lawrence river (admirably illustrated with the stereopticon); Dr. Solomon's description of the most recent improvements in the Louisiana quarantine system; and Dr. Rutherford's narrative of yellow fever epidemics in Texas, and their exclusion by proper quarantine measures.

From the above report it will be seen that this association of sanitarians, voluntarily banded together to spread the gospel of preventive medicine, is still active and progressive in its work. It is to be regretted that it lacks a more hearty co-operation on the part of the profession in its laudable work, and that its means are too limited to allow that thorough diffusion of a knowledge of its work as is desirable.

THE LOMB PRIZE.

Mention must not be omitted of the decision of the committee on the Lomb prizes. A prize of five hundred dollars was awarded to Mrs. J. J. Abel, an American woman, now studying in Strasburg, Germany. Mrs. Abel is the wife of a physician, formerly a student in the University of Michigan. The essay is spoken of as being exceptionally correct in its statement of the physiological principles of nutrition, and their practical and economical application. The number of essays submitted was exactly seventy, many of them being over 200 pages in length. The labor of the committee in reading them was enormous, and doubtless sometimes tiresome. The merit of the winning essay must have been conspicuous, as it received the unanimous recommendation of the committee.

SOCIAL FEATURES.

A carriage drive through the city, a reception by the ladies, visits to the mammoth brewing establishments, and private "comings together" at the "Künsterheim," an elaborately decorated "Bierstube," constituted the social features of the session. The liberal minded medical profession of the most liberal minded city on the continent showed their appreciation of the work of the Association by almost unanimously staying away from the session, and refraining from showing the members any social courtesies whatever. I know of no single Milwaukee physician who showed any member of the Association the perfunctory courtesy even of leaving his card for him. Can it be that Milwaukee doctors find so little time to read the medical journals that they were ignorant of the prominence of those in attendance, and whose names were fully given in the daily press?

The next meeting will be held in Brooklyn. Dr. Hosmer A. Johnson, of Chicago, was elected President; Dr. Jerome Cochran, of Mobile, and Dr. F. Montizambert, of Quebec, Vice-Presidents; and Dr. Lindsley, of Nashville, re-elected as Treasurer for the tenth time.

G. H. R.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

EFFECT OF PETROLEUM ON THE HUMAN BODY.

Editor MEDICAL TIMES:

Petroleum certainly has been used medicinally for a long time—long before

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the discovery of an oil well. In an issue of a stray medical journal, some twelve years ago, I read an article in which petroleum was highly recommended in spasmodic croup. In the neighborhood in which I practised some ten years ago I found "kerosene" used frequently as a domestic remedy, with apparent success, in false croup. Within the last ten days I had an obstinate case of this kind. Along with remedies prescribed by me one night when bad, the child was given kerosene. He was better next morning, continued to convalesce and is now well. What credit can be given to petroleum in this case is, of course, uncertain. During my college days, in western Pennsylvania I had a near relative who was sorely afflicted with asthma. His remedy for the attack was a teaspoonful of kerosene taken early. A few years ago a lady of Baltimore told of a friend who had been very much emaciated, and supposed to be in the later stages of consumption, but who was then in robust health and quite fleshy, apparently restored by the use of crude petroleum. As a rubefacient, it is in common use here by the laity, is very efficient, and produces very decided effects if confined. That it is not toxic, in pretty fair doses, is seen by the following: An elderly gentleman going to take an evening dram at home in the dark, mistook his kerosene jug for the whiskey jug, put it to his mouth and swallowed a fair allowance before he discovered his mistake. He hurried to my office to know what to do. His face was somewhat flushed and the pulse full and frequent, mostly, I thought, from his alarm. I gave him nothing but assurance, and no ill effects followed.

J. B. AMBERSON, M.D.

Waynesboro, Pa.,

GASTRIC ULCER?

Editor MEDICAL TIMES:

Considering the following case interesting, and being at the same time desirous of obtaining advice from you or your numerous readers, I report the following:

Mrs. C. R. M., married, aged 24, was married at 21, has never been pregnant, menses appeared when about 13 years of age, has been irregular ever since, and of late has taken the form of dysmenorrhœa. When about 16 she contracted malaria, and was confined to bed with a gastric attack which her physician pronounced "ulceration of stomach." She made a good recovery from this, but since that time she has suffered on an average of every two years, especially about the spring, with a similar attack lasting from six weeks to two months, the attacks being characterised by persistent vomiting. In the intervals she is as well as usual and has no trouble about the digestion of food, etc. During these attacks she has vomited blood, sometimes in streaks, and several times like coffee grounds; has had no lancinating pains, in fact nothing more than a dull feeling about the gastric region; bowels have always been regular. These are the patient's statements to me. On my being called to attend her last June I found the lady well nourished; weight about 120 lbs.; cheerful; she was complaining of the vomiting which had been present several days. On examination over the stomach no tender spot could be located, nor did she complain of any pain; tongue coated, bowels regular, pulse and temperature normal; she was vomiting I should say quite twenty or thirty times a day and often during the night; nothing would stay on the stomach. By the use of counter-irritation over the stomach, bismuth, iodine, carbolic acid, etc., I managed to control the vomiting for a time, but it returned in a few days as bad as ever. From this out for several weeks, I rang the changes of the materia medica I may fairly say, using everything I knew of and saw advised, and managed at last to control the vomiting by oxalate of cerium in 2 gr. doses whenever an attack was coming on. This had previously been used with bismuth without effect. She rallied up considerably and began attending to her household duties; but one day discarding my advice she fell a victim to cabbage and sweet potatoes, and the vomiting returned as bad as before. Again the usual remedies were tried, but without avail. I resorted to rectal injections containing nourishing material, which were well borne; bovinine forming one

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of the ingredients. I also prescribed Vin Mariani, which she retained on the stomach; and small quantities of ice cream, which she managed to tolerate. Determined to make an impression on the stomach I used a fly blister, which drew well and gave temporary relief. When this healed I applied tinct. iodine as long as she could stand it. Still the vomiting continued. Thinking there might be some nervous origin for the vomiting I used rectal injections of the bromides, etc., but without avail.

Seeing Prof. Woodbury advised broken doses of seidlitz powders; I resorted to them, and from the first dose they acted like a charm and my patient gradually rallied; the vomiting almost ceased and she was on the road to recovery, when a friend, in the absence of the family, thinking she was not getting sufficient solid food, administered a meal of crackers, and on my next visit I had the same old vomiting in the same old way. From that time to the present the vomiting has continued off and on. Some weeks there is only vomiting two or three times a day, again as many as twenty or more in the twenty-four hours. Her gums are now spongy and readily bleed, and there is a distinct red line present. During the last attack there has been some vomiting of blood similar to coffee grounds, there is also some pain on pressure, but it is general, not defined. She complains of severe cramp in her legs and hands, which keeps her awake and renders her general condition more unfavorable. The question is, what is the trouble? It certainly is not a case of typical gastric ulcer, though it has some points agreeing; it appears a case of gastric catarrh of a severe type. No specular examination of uterus has been made owing to the weak condition of patient; there is no local tenderness over vertebræ. Any advice as to diagnosis, treatment, etc., would be gladly received. R. G. O'Hara, M.D.

Charlemont, Va.

[The symptoms of this case suggest the diagnosis of hysterical vomiting. Vomiting from any cause, if accompanied by retching, will produce hyperæmia of the mucous surface of the stomach, followed by extravasation of blood, and a gastric ulcer even may be formed. The vomiting is associated with hyperæsthesia of the stomach which causes it to reject even the blandest articles of food. Probably the best plan of treatment would be to leave the stomach out of the question and give it absolute rest for 24 or 48 hours, and then commence with equal parts of lime water and peptonised milk, a teaspoonful every hour. From the experiments of Dr. Tanner, Succi and others, we have learned that patients are not in great danger if they are deprived of food for a few days. The nervous system may be quieted by bromides given per enema (a drachm or two of bromide of potassium in starch water). The concluding paragraphs of the above letter indicate that Dr. O'Hara suspects that the uterus may be the reflex cause of the irritation. This is highly probable. A young married woman, 24 years of age, with no children, would be very apt to have some local disorder to which treatment could be directed with advantage. In such cases the method of applying remedies on wool is worth trying; a convenient form is in the gelatine vaginal capsules of H. K. Mulford & Co., of Phila.—F. W.]

DATA WANTED.

Dear Doctors — I am preparing a paper on "Maternal Impressions," to be read before one of our medical societies, and take the liberty to ask you a few questions:

1. Do you believe it possible for the fœtus to be marked or deformed by a shock or impression made upon the mind of a pregnant woman?

2. Do you know, from your own personal knowledge, of any cases wherein such impressions have, in your opinion, resulted in deformity or marking of the child?

3. At what stage of gestation has the impression been made?

4. Would you give me the facts of one or more cases that you have personal knowledge of?

5. Do you know of any literature on the subject that I could get?"

If you will be so kind as to answer these questions, I shall be under many obligations to you.

J. N. Richards, M.D.

Fallsington, Pa.

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MEDICAL LEGISLATION.

Editor MEDICAL TIMES:

It strikes me that medical legislation to protect the interest of the medical profession is beginning reform at the wrong end.

The great evil of our profession is the enormous yearly "*output*" of M.D.'s.

The cause of all this in my opinion is that too many physicians have a "*chronic itching*" for office students. Probably these preceptors are so "*brimfull*" of medical knowledge that they take in students to drink up the "*overflow.*"

I would suggest, instead of medical legislation, that the State Medical Society appoint a Board of Medical Examiners, and inquire into and examine young men to ascertain whether they have "*brains*" before they be permitted to enter a physician's office as medical students.

It is a lamentable fact that there are many young men too ignorant to be successful in law or theology, and too lazy for manual labor, who think they can gain a respectable living by entering the medical profession, where ignorance is so readily concealed.

My next suggestion would be to raise the standard of all medical colleges.

The proposed bill to be presented to our legislature, asking the Governor to appoint the Medical Examining Board, is to my mind, simply speaking, *ridiculous.* The Governor knows as much of medicine and surgery as of theology, and might as well undertake to fill a chair in theology as a Medical Board by appointment.

Moreover, the proposed bill is faulty in many other respects, which will be pointed out to the proper parties at the proper time.

"A word to the wise is sufficient."

L. B. BALLIET, M.D.

Unionville, Pa.

WILL our correspondent please tell us just how the colleges can elevate the standard of their requirements, and still keep their students in the state? By referring to the last report of the Pennsylvania State Medical Society it will be seen that of the Warren county society, 21 are graduates of colleges outside the state, and only two are from a Pennsylvania school. We cannot believe that Buffalo, Cleveland, or Baltimore offers any better facilities for acquiring a medical education than Philadelphia, and must attribute this state of affairs to the low fees and short courses of these colleges.

The standard of all medical colleges ought to be raised at the same time, but they are state corporations; the general government has no control over them, and no power exists which can compel them to so act.

So, also, the State Medical Society has taken action upon the admission of students, but there is no power to compel a student to go before the examiners before he begins his studies, so that suggestion is impracticable.

What else is left for us but to ask the state to exact such an examination of candidates as shall prevent incompetent men from practising here? This will impel other states to enactsimilar laws, and thus the object will be attained. In the meantime, those who desire to practise in Pennsylvania will not care to choose the cheapest and easiest college, but rather that one in which the best teaching is done.

W. F. W.

REVIEWS AND BOOK NOTICES.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and of complete reproductions in English of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Vol. I, No. 1.—Contents: The Pedigree of Diseases, by Jonathan Hutchinson; Common Diseases of the Skin, by Robert M. Simon; Varieties and Treatment of Bronchitis, by Dr. Ferrand. These volumes are to be published monthly, at $10.00 a year, or $1.00 each.

The firm of William Wood & Co. have already done a great deal in furnishing medical works of sterling value to the profession at a moderate price. They now take another step in the same direction by inaugurating the present series. These monographs are of great value. They are too extensive to find place in the popular "systems," too long for the journals, and almost too short for publication singly. And yet they have a merit far greater than the articles of a text book, in that they contain the results of the study of one capable man upon one subject. This whole class of works is thus rendered accessible by the enterprise of the publishers.

We commend the series to the attention of our readers.

HAND-BOOK OF HISTORICAL AND GEOGRAPHICAL PHTHISIOLOGY. BY GEORGE

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A. EVANS, M. D., New York. D. Appleton & Co., 1888, 12mo, pp. 295.

We called attention, in a recent editorial, to the difficulty experienced by physicians this winter in selecting suitable locations for their phthisical cases, owing to the fact that yellow fever has rendered Florida unavailable.

As if in answer to our wish comes this welcome work of Dr. Evans, which may be taken as a text-book on the subject. The author gives in his first forty pages a historical sketch mainly translated from Waldenburg. In the section relating to countries outside of the United States, Hirsh's hand-book has been liberally drawn upon. The data concerning this country were taken from the Tenth U. S. Census Reports.

THE MEDICAL BULLETIN VISITING LIST. F. A. Davis, Publisher, Phila., 1889.

This list has an original feature by which the names of patients are recorded but once in each month. It has also a fee-bill, very good as far as it goes, and one which can be used with advantage when patients object to the charges made. Otherwise the contents are similar to those contained in other lists—quite as good—no better. The space for deaths is too large; that for receipts too small.

THE CASE OF EMPEROR FREDERICK III. Full official reports by the German physicians and by Sir Morell Mackenzie. New York, E. S. Werner, 1888. 8vo, pp. 276. Price, $1.25.

LECTURES ON ECTOPIC PREGNANCY AND PELVIC HÆMATOCELE. By Lawson Tait, Birmingham. The "Journal" Printing Works, New Street, 1888. 8vo, pp. 107.

DISEASES OF THE KIDNEY. By Dujardin-Beaumetz. Geo. S. Davis, Publisher, Detroit. pp. 169. Price, paper, 25c.; cloth, 50c.

TREATISE ON HYSTERIA AND EPILEPSY, with some concluding observations on Epileptic Insomnia. By J. LEONARD CORNING, M.A., M.D. Geo. S. Davis, Publisher, Detroit. Price, paper, 25c.; cloth, 50c.

An inexpensive book that will be read with much interest by the profession.

ESSENTIALS OF ANATOMY. Prepared especially for students of medicine. By Charles B. Nancrede, M.D.

ESSENTIALS OF SURGERY. Together with full descriptions of handkerchief and roller bandages. By Edward Martin, A.M., M.D.

ESSENTIALS OF OBSTETRICS. Prepared especially for students of medicine. By William Easterly Ashton, M.D.

ESSENTIALS OF MEDICAL CHEMISTRY. Prepared especially for students of medicine. By Lawrence Wolff, M. D. Published by W. B. Saunders, Philadelphia.

The above publications are in the form of question and answer, and, as might be expected, from the reputation of the authors, are full of valuable information for the teacher as well as the student. They will be invaluable to classes and students in preparation for final examinations.

ABSTRACTS.

ACTION OF DRUGS ON THE UTERUS.

At the meeting of the Academy of Medicine in Ireland, LOMBE ATTHILL (*Lancet*) discussed the asserted action of drugs on the utero-ovarian system. He was satisfied that no ordinary medicines produce any effect on menstruation when taken during the flow, excepting only the drastics. He doubts whether ergot, savin, quinine or strychnine have any appreciable action on the muscular fibres of the normal uterus. Astringents are useless in menorrhagia and metrorrhagia, including tannin, gallic acid, the mineral acids, etc., in this condemnation. Full doses of tincture of iron are sometimes useful, but only in anemic women; while he places reliance in ergot alone. In malignant disease he was not sure that Chian turpentine checked the hemorrhages.

ACONITIA IN MIGRAINE.

DR. TAYLOR, in the *Peoria Med. Monthly*, relates a case where a young lady took $\frac{3}{100}$ grain of aconitia at one dose. Marked symptoms of aconite poisoning supervened, which passed off in a few days. The migraine was relieved, and had not returned after the lapse of over a year.

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PHILADELPHIA MEDICAL TIMES.

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No. 550. FEBRUARY 1, 1889. VOL. XIX

MEDICAL CLINIC.

ON THE ALL-POWERFUL CREATIVE POWER OF LIVING CELLS, AND THE INFLUENCE OF SO CALLED "CULTURE" LIQUIDS.

DELIVERED BY PROFESSOR PETER,

At the Necker Hospital, Paris.

(From stenographic notes corrected by the lecturer.)

(Translated by Thomas Linn, M.D., Paris.)

GENTLEMEN:—I desire to expose to you certain points of doctrine, which are a negation of the present theories in regard to microbes. In the first place I wish to call your attention to the power of vitality of the living cells, which as I shall show you is manifested in an independent manner, as well as in a collective one. It results from Metschnikoff's experiments that a cell can live apart from the organism of which it had formed a portion. He took from a living frog a drop of lymph which contained a certain number of lymphatic cells and put it into cultures containing microbes, and he saw that the cells continued to live; and not only so, but they per-

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formed a vital act by eating these microbes. He saw the latter pass into the protoplasm of the cells and disappear. So that they not only lived, but ate, outside the organism to which they belonged. They have then an independent vitality.

Ranvier also saw cells which lived outside of the organism for various periods, and so well, too, that they performed an act of genesis; for from ten they increased to twenty or more. Metschnikoff shows that the cells can live independently, and Ranvier that they can while in this state perform the supreme act of life, reproduction. The collective power of the cells is also shown by many observers, who noticed that when the cells are in a vigorous organism, they will resist the invasion of disease; and when they are in a debilitated body they are vanquished by the virus, be it microbe or alkaloid.

What I wish to bring out is, that while the cells are capable of acting in an independent manner, as well as in a collective one, they cannot get along without the actual and general vitality of the organism to which they belong. This is shown by Metschnikoff. He remarked that if one inoculated a virus into an organism which had previously been vaccinated with charbon, the bacteria of the charbon were imprisoned by the lymphatic cells, and they could not infect the organism.

I would like now to show you the creative power of the cells. There is a plant that you all know well, the *Papaver Somniferium;* and it gives a seed. Well, this seed is so inoffensive that an oil is made of it that most of us eat as "olive oil;" but we do not sleep a bit more for that. Take these seeds and put them under ground and they produce a plant that gives a flower and then a fruit, the pavot (papaver), and in the capsule of this fruit there is a sap, that, when inspissated, is opium; which contains a dozen alkaloids, morphine, codeine, narcotine, etc., etc. This is strange. What! This little grain of seed that certainly does not contain all these alkaloids and has no narcotic power—it does this. But how? Analyze the ground and you will find salts of potash, and what not; but no morphine, etc. How then is it made? Take another seed, the cinchona; it has no quinine in it, nor any cinchonia, and yet put it in the same ground and it produces them. Continue your experiments and do as is done in Havana, put tobacco and cocoa in the same field, one gives nicotine and the other theobromine. Put coffee seed, and you get caffeine, and sugar-cane seed and you get sugar, and none of these are contained in the earth. If you don't see by this demonstration the all-powerful creative power of living vegetable cells then you are blind, or blinded.

So it cannot be denied that certain plants create, make, beget, of themselves, from ground that does not contain it, certain principles. Cells then are creators of marvellous things that did not pre-exist.

Well, you can now understand that, if the vegetable cells do this, the muscular cells can do the same. What M. Gautier, your professor of chemistry, calls *leucomaines* are nothing but toxic alkaloids like codéine, narcotine, etc., and they do not exist in the muscle itself any more than the others exist in the seed. So then the cells can live outside of the body and they can create something that did not exist before. There is something very significant in this. Let us now see what the mediums, in which the cells or their products may be placed in, are like, and here I will take "culture liquids."

Toussaint, who was the first to make cultures of microbes, made them in urine, that is to say a medium coming from a living being, containing substances that no longer had vitality, but that were of an organized origin. M. Pasteur, finding that urine was variable, did better in this, and invented a veal broth which he sterilized. What is this veal soup? It is simply water in which veal muscle has been boiled, that is, flesh that has ceased to live; you have then a soup that is a decoction of a dead substance. This is important. In this Pasteur put a drop of liquid that contained the charbon (animal anthrax) and made his first culture, and one drop of this culture was extremely virulent. He then went on until he had made two, three, four, and so on until he obtained a culture that inoculated, but was no longer virulent. Stop a moment here,

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and look at this almost mysterious phenomenon.

The first culture was extremely virulent, and it contained a great many bacteridies; and as culture after culture is made it becomes less and less so, and at last is not dangerous All Pasteur's doctrines repose on this: If a drop of this last is inoculated one can go on and inoculate the stronger and stronger preparations until one gets to the strongest, or the one first made. And how is this action obtained? Why, most likely there is still something in the last one, and it is an alkaloid, which permits the inoculation progressively of the others. It is an alkaloid so little impregnated with the bodies of the micro-organism that it cannot do harm, and yet it gives to the organism an immunity of a certain degree. This is curious.

According to this there is a progressive diminution of the virulence of these microbes, and that little that is left has no *motu proprio* in itself. If it had, it would have done the contrary. This is like the nonsense talked by the microbists. The animal cells make alkaloids. Gautier has shown this, and under the conditions which we call disease, which is simply a deviation of the functions of life, the cells of our organism manufacture alkaloids or derivatives of them, just as apo-morphine is derived from ordinary morphine. Why should not the animal cells do this the same as the vegetable? You may say that it is only a hypothesis. No, it is a fact, and it is proved by Pasteur himself. Does he not take a drop of liquid from a mad dog and inoculate it into a rabbit, and by so doing give hydrophobia to the animal? And God knows how they have sought by every means to find a microbe to fit into this disease, but failed to do so, although hydrophobia exists.

Pasteur, dominated by a humanitarian idea, wished to find for hydrophobia a vaccine matter, as he thought he had for charbon; but finding he could not cultivate this unfound microbe, he starts a new idea of cultivating it in living organisms, instead of dead soups. He found that the virus became attenuated in passing from the monkey to man, which is easy to understand, as man is not predestined to rabies, as the dog is.

He then takes the poor rabbit (which, as Linné said, is predestined to laboratory experiments), and in it he cultivates the virus, to find that it acquires a greater virulence.

Then he had a "virus intensive," inspired by Duboué (of Pau). He sought in the medulla for the microbe, but still neither here nor in his intensive liquids can he find a micro-organism. Then to attenuate this powerful virus he takes the fresh marrows and dries them, until they are no longer virulent, and when they are quite dry they no longer are dangerous.

So it must be that the liquid contains something that passed off into the air.

But as far as I know I never heard that the microbes were volatile. I thought they were solid bodies? No.

It is even proved by his own experiments.

Pasteur demonstrates that it is not a microbe that gives hydrophobia, but a substance that is dissolved in the liquid, which is partly, at least, volatile.

What is it if it is not an alkaloid?

I say that it is not a microbe, as they cannot find it, and it is certainly an alkaloid. It is the living animal cell, that under certain conditions modifies the liquid of the disease, and deposits in it an alkaloid that produces rabies.

This is so true that Pasteur himself made this experiment: He takes a dried marrow, exposes it for two days to 35° of heat; he prepares it and injects it, and nothing comes of it. He next takes a fresh marrow, after several months have past, and injects it into the same animal, and it also does no harm, although it kills at once another animal that has not been inoculated by the first marrow. So that there must have been in the dried medulla something that could be used as vaccine; that is to say, "chemical vaccine," or an alkaloid. There remained a certain infinitesimal, imponderable, invisible, and intangible matter that impregnated the medullary cells, and that could infect the organism in an inoffensive manner that caused a preservative vaccination, that lasted a certain number of

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days or months. You notice that I am turning always around the fact that the living organism can create an alkaloid, which causes accidents, that may be poisonous or not, but which did not pre-exist in the human body any more than morphine exists in opium seed.

And now comes M. Gamalëia, who has done the same thing as M. Pasteur—he cultivates on guinea pigs first, and then pigeons, and obtains a culture that is virulent (of cholera).

Here, again, you see that the comma bacillus *loses* on dead soup culture, but it *gains* on living animals, which simply proves for me that the human or animal organism is all-powerful in creating and modifying.

Gamalëia then again does as M. Pasteur does. He sterilizes his liquids at a temperature of 145° to kill the so-called bacillis, and takes the liquid, in which float their cadavers, inoculates it and kills his animals. So that he says there must be an alkaloid in this liquid, that is similar to the chemical vaccine of hydrophobia. Then he makes an experiment that we see every day in many forms; that is, he gets the body by habit to tolerate this liquid, by giving increasing doses, which makes him say that he has found the vaccine for cholera.

Well, I hope so.

Lowenthal, of Lausanne, made just such experiments before Gamalëia. He experimented on white mice, but with scientific sincerity. He says: "But if at first they resisted, at the end of two weeks they died of the inoculation." So that is all that remains of the immunity to cholera.

Gentlemen, I discuss these points without the slightest anger, but with absolute scientific truth. I have shown you the all-powerful influence of the organism, the creation by it of poisonous alkaloids, and I admit, also, the real immunity conferred upon us by small doses of these alkaloids; but it is fugitive, and, it is absolutely mysterious, as an alkaloid cannot reproduce itself, as it has no life. It seems to me that we ourselves make cholera, according to that grand law of morbid series, which go on from the most simple manifestation up to serious and fatal symptoms.

Suppose, for instance, that owing to some error in diet we get a "cholerine," that is to say, frequent stools, and vomiting, with cold extremities, filiform pulse, etc.

Take, for instance, *cholera nostras*. A person has lived badly for some time; has eaten some pork or other substance that is putrefied (deer, hare, etc.), or some very indigestible substance that has profoundly altered his functions, and he has still more serious symptoms than those of cholerine; but he gets better, while another may die of it, even if it is in summer and in our mild climate. We say it was only a case of fatal *cholera nostras;* but if there are ten or twenty cases, you say it is "Indian cholera."

Now, in India itself the thing is the same. The population is badly fed; they are crowded; miserable, in fact; and they have a cholera that is transmissible. What are the symptoms? They are confined to the solar plexus. You have vomiting, diarrhœa, coldness of the extremities, and death.

Gentlemen, there are here without question symptoms of absorption of poisonous alkaloids, that are produced by decaying matter; the ptomaines, in fact, which are absorbed by the intestinal villosities; which go to poison the solar plexus, and determine those phenomena of consideration that are seen every time it is affected. It is probable that the liquid that the microbists take to experiment upon, contains a poisonous alkaloid besides their comma bacillus, which last I don't fear at all, as it can certainly be deprived of any power it has to do harm; and Straus has shown that there is plenty of cholera without the slightest sign of a bacillus.

Gentlemen: Allow me now to take up another series of ideas in which you will find, I trust, some profit. All I have said so far goes to prove that it is a *macrobe* and not a microbe that has the power for evil over the organism. Let me tell you of the creation of pus without any aid from a streptococcus.

M. Le Fort has already made a series of experiments from 1879, up to the present, and proves that the famous "*Streptococcus pyogenes aureus*," the worst of them all, that makes the pus, according to some people,

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has been seen to lie on the surface of wounds without making any attempt to enter the organism, when it had every chance to do so. It is a streptococcus that is very idle, to say the least of it. Well, alongside of this lazy streptococcus we shall see another one soon that does *everything*. A jack-of-all trades. So Professor Le Fort first shows you one that *does nothing!*

To show now that pus can be formed *spontaneously*, which is the reverse of the microbian doctrines, I will study with you *Sympathetic Ophthalmia*. What is this disease? It is an inflammation, with functional trouble of the eye, that is consecutive to a wound of the other eye. A bit of glass, or iron, or a fist even, strikes one eye and causes an inflammation which goes on to suppuration. This is readily explained by the microbist, who finds that the foreign body in passing through the air carried with it the streptococcus, which was the thief that opened the window and the burglar got in; but several days afterwards the *other eye* that was not touched gets into trouble, vision is no longer good, the transparent mediums are troubled, and there is photophobia, and any one will tell you that it is "*sympathetic ophthalmia;*" but it may and often does go on to worse, and iritis produced *in the eye that was not struck, and soon after pus is produced.* How did the streptococcus get in?

It is just here that the microbiologists have gone stark mad. In the last Congress of Ophthalmology, which was held at Heidelberg, the microbe reigned as a tyrant, and several oculists spoke on this disease, which seems to bother them a great deal. One of them wanted to prove first that suppuration of an eye could be caused by a drop of mercury, or a little powdered copper, without any microbe; another that the streptococcus goes in one eye, follows the path of the optic nerve and passes over to the other side by a very devious route that you know. But why, I ask, if this is so, did not the streptococcus follow a straight road and go on in its migration until it had caused a suppuration of the brain? No, it preferred going a long way round to get to the other eye.

Sattler, however, not finding the streptococcus in this eye, then admits that it is another kind of a microbe, that does the damage! It is hardly to be believed! It's insanity. But if we simply put aside this nonsense about microbes, we can see that there is a sympathetic neurosis of the other eye. The functional synergy makes a morbid synergy which is simply and only a deviated synergy.

Just listen now to the confession of a microbian, Mazzo Andrea (of Genoa). He says: "I made a long series of experiments with the streptococcus pyogenes aureus, to see how this micro-organism passed from one eye to the other, but all my researches were *negative.*" In a recent academy discussion it was stated that this same streptococcus caused all the forms of puerperal infection, erysipelas, and septicæmia as well; which makes me exclaim that it was a streptococcus that did all sorts of things, different from the lazy one we spoke of lately.

Gentlemen: The cultures of soup and gelatine are passive laboratories; they act mechanically, not actively; they dilute the alkaloid with which the microbes are impregnated, and they produce a dilution of the substance, an attenuation of the alkaloids. But the living organism interferes in a different way, and can (when it wishes) prevent the agents of contamination from doing their dire work. How? Well, don't you find Straus, with his experiments, to prove this? "We absorb," he says, "some six hundred bacteria in every inspiration, and we only expire one hundred, and only become ill after having absorbed 1,728,000 in 24 hours." So then the organism has resisted. It does not wish to get ill. It is the power of our organism that defeats the diseases, that accepts or refuses the morbid germs according to its strength or weakness, or to what we used to call *predisposition.*

I tried once, you know, to inoculate myself with diphtheria, and did not succeed. I was only twenty-seven then, and I won't try it now, for I am old. I saw Gillette die of diphtheria contracted from a patient whom we were both taking care of; but I was young and he was sixty-two, and weak, having to

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work hard at his age; then he had a sore throat, and all disposed him to contract the disease. He died, and I, who had to handle the child, and be quite close to it, for I did tracheotomy for it, was as well as ever, simply because there was no predisposition. If a doctor escapes from contagious diseases it is because he can resist them. Spontaneousness of vitality makes disease—which is a deviation of life's actions—and these diseases become contagious from certain conditions that may be intrinsic or extrinsic; but they are contagious from one organism to another, from the fact that the other cannot resist as it should. This is what was known as predisposition, or receptivity, which is spontaneous.

CLINICAL LECTURE.

ON REFLEX IRRITATIONS FROM AMETROPIA.

BY PETER D. KEYSER, M.D.,
Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia.
Reported by H. B. Williams, M.D.

GENTLEMEN, I have a very interesting series of cases to present to you to-day, some that but for the great advancement in the study of ophthalmology in later years would have been stumbling blocks, and which show the necessity of finding, if possible, the cause of any affection, however obscure or remote, and removing it, before a reliable and permanent cure can be obtained. Some years ago such cases as these would have tried the patience of Job, and caused many a one to rub his head and say "what next shall I try?" They will show you that careful examinations should be made not only at the part or point which appears to be the seat of the trouble, but to look into the general anatomy of the nervous system before commencing the treatment, so that when you begin you will be like Davy Crockett,—"Know that you are right, then go ahead."

It is seldom that we find one part of the system affected in which there are not others that are sympathetically influenced by the morbid action; and it is well known that the symptoms or seat of pain are often at a remote part. The question of reflex irritation is a very interesting one, especially so in affections of the eye.

For many years it has been noticed that amblyopia can be the result of reflex irritation from neighboring nerves to the eye as well as from disease of other parts and organs of the body; but the remote and neighboring effects of defects in refraction are points or studies in ophthalmology which have really occupied the attention of the profession for only a few years, and in that short time it is really wonderful what curious physiological phases have been developed, and which show completely the minute connection of the many parts of the human system into one great and perfect whole; so that if any one part be strained or irritated it may affect neighboring or remote parts in several ways, either by congestion, inflammation, spasmodic action, or simply by pain or by paralysis.

Defects of vision have been noticed and under consideration for many years; but the supposition that certain inflammatory diseases of the eye, neuralgic affections, headaches, sick stomache, pain in the back and other parts of the body, as well as nervous troubles, as choreic and other spasmodic symptoms, had their origin from these defects, is of very recent date.

In 1874 my attention was first attracted to the fact of eye strain causing inflammation, in a case of blepharitis which I was treating in the ordinary established method. The patient was better when he did not use his eyes and worse when he did. Looking for the cause, and having noticed in other cases that hyperæmia of the conjunctiva occurred after use of the eyes for any length of time at steady work, and as it had been suggested that this condition might arise from some anomaly in the refractive condition of the eye, I made a careful examination of my case of blepharitis, and found a high degree of hypermetropia. On the correction of the defect with the proper glasses, the cure of the inflammation of the edges of the lid readily took place.

That ametropia of any kind or form causes in all acts of vision a strain more or less upon the eye is a well known fact; and in cases where the strain is so

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great as to create a continued hyperæmia of the edges of the lids, the extremely fine ducts and external openings of the small; sebaceous glands that are to be found in the canals and follicles of the ciliæ, become closed by pressure from the swelling of the tissue and vessels surrounding them, and having no outlet for the natural secretions, which are now increased by the hyperæmic condition, a choked status is formed, and inflammation and suppuration take place. Rest of the eyes, with proper local treatment, removes in time the suppuration and inflammatory condition, and apparently the whole disease is cured. But on resuming active use of the eyes again the same condition of hyperæmia returns, and so on *ad infinitum*.

You will find some cases of granular conjunctivitis in young persons, in which no form of treatment gives a permanent cure until the existing ametropia is corrected to relieve the ocular strain.

The affections in which defects in vision are to be looked for, and all such patients should be carefully examined, are blepharitis, conjunctivitis, in the different chronic or recurrent forms; pterygium, hordeolum, headache when occurring on use of the eyes at close work; also, any peculiar nervousness or numbness in parts of the body during the use of the accommodation; chorea in young school children, as it has lately been discovered that this disease has been created or increased by strain in accommodation; any cases of pain or distress in the eyes, head, back or limbs coming on after reading or sewing, should call your attention to the eyes of the patient, and a careful examination be made for any defects in refraction.

The defects found are hypermetropia, representing the flat eyeball in which the focus is behind the retina; myopia, which represents the elongated ball in which the focus is in front of the retina; astigmatism, which represents an irregularity in the radii of the cornea so that one or more may be flatter or more prominent than the others, thus causing a shortening or elongating of the ray of light passing through at that axis. These all can be combined in an eye, giving us hypermetropic astigmatism, compound hypermetropic astigmatism, myopic astigmatism, compound myopic astigmatism, and mixed astigmatism—in which we find a short axis in one direction and an elongated axis in another direction in the same eye. We can find also anisometropia, which represents a flat ball in one eye and an elongated one, either in whole or part, in the other in the same person. Again, we have muscular asthenopia, which interferes with accommodation and fixation.

The first case I show you is one of well marked blepharitis marginalis. This boy is 12 years old, and his mother says that he has had sore eyes for six or seven years. She has had him to different hospitals, but without any permanent relief. The more he studies the worse his eyes get. When he first came to my dispensary clinic the lids were in a dreadful condition. The edges were swollen, inflamed, and excoriated. The examination with the ophthalmoscope showed at once a defect in refraction. There was hypermetropia and astigmatism. His vision was tested as follows:

R. E. $\frac{6}{9}$ 1.90° A. $\frac{0\cdot 6}{10-4}$.

L. E. $\frac{6}{9}$ 1.90° A. $\frac{0\cdot 6}{12-3\,5}$.

No insufficiency of either internal rectus muscle. The accommodation in each eye was paralyzed and the vision then found to be:

R.E. $\frac{6}{24}$ l. 180+1^{D}+0.75 c. 90° v. $\frac{6}{9}$ l.e.

L. E. $\frac{6}{24}$ l. 180+1^{D}+0.75 c. 90° v. $\frac{6}{9}$ l.e.

He has now been wearing his glasses ten or twelve days and the eyes are very much improved, and if they keep on at this rate will be well in another week.

This little girl has suffered in the same way and the same defect found and corrected. You will see that there is but little inflammation left.

They both say that they can read and study without any trouble now.

I now show you a case of recurrent phlyctenular conjunctivitis in this girl of ten years of age. Her eyes always became sore on going to school, and appeared to get well when at home, doing no studying or close work. Ophthalmoscopic examination shows hypermetropia, and the test of her vision:

R. E., $\frac{6}{6}$? l. e.

L. E., $\frac{6}{6}$? l. e.

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Under atropia:
R. E., $\frac{6}{15}$ + 1.25—$\frac{6}{6}$ l. e.
L. E., $\frac{6}{15}$ + 1.25—$\frac{6}{6}$ l. e.

Since wearing the glasses she goes regularly to school without any return of the conjunctivitis.

These three other cases, one of them with spasmodic nipping of the lids, have come here with the complaint of headache on the use of the eyes. In one, simple hypermetropic astigmatism was found; in another compound hypermetropic astigmatism, and in the one with the clonic spasm of the lids there was mixed astigmatism. The correction of the defects in refraction have been made, and you hear that they say the headaches are all gone. The spasms of the lids now come on only at times of great excitement.

This last one is a case of conjunctivitis granulosa that has been giving this young man trouble for some years. Nothing seems to cure him. Upon questioning him, I find his trade is that of a machinist, requiring sharp vision, I immediately examined his eyes and found compound hypermetropic astigmatism of

+ 1.5 ⌒ + 0.5 cyl. 60°, R. E.
+ 1.5 ⌒ + 0.75 cyl. 120°, L. E.

Since the correction, his eyes have been improving steadily under the use of the mitigated stick, alternating with hydrastis muriate gr. iij to dr. j of glycerine. He says that they have not been so well for years, and that he works with ease and no increase of the lid trouble.

After showing you these cases before us, I desire to call your attention to the history of three very interesting cases which came under my care a few years ago.

A gentleman called in to see me, and related the fact that for some time he had been suffering with a peculiar, unpleasant numb feeling in the third finger of his left hand, extending up the hand, and at times the arm. He would rub it and shake it, and get up and walk around the room, and it would pass away. He had, however, just discovered, within the past few days, that this feeling came on only when he sat down to read or write steadily and closely. He wished me to examine his eyes, which I did, and found compound hypermetropic astigmatism of marked degree. After the correction was made, he had no further trouble.

Another case was of a gentleman who, on sitting down to read, always crossed one leg over the other, and as soon as he became interested, the foot of the upper leg would begin a spasmodic jerking, which would desist as soon as he stopped reading. Hypermetropic astigmatism was his defect, on correction of which all nervous spasmodic action ceased.

The other case was of a sharp pain in the back, in the lumbar region, that came on by any close and steady use of the accommodation. Having noticed this, my attention was called to it and advice sought. Upon careful examination, a mixed astigmatism was found and corrected, which relieved the trouble almost at once.

With these facts before you, gentlemen, let me impress upon you again the necessity of examining carefully and not letting any of these symptoms pass by unheeded, and continue to use remedies internally and externally without relief, until your patients leave you and seek other and perhaps better advice.

ORIGINAL ARTICLES.

THE TREATMENT OF TYPHOID FEVER IN THE CINCINNATI HOSPITALS.

DR. F. FORCHEIMER, of the Cincinnati, Good Samaritan and Children's Hospitals, is a great advocate of the administration of calomel; five grains, if seen before the sixth day, every evening or twice daily until fifteen or twenty grains are given. He believes in the possibility of aborting typhoid fever with calomel, and thinks he has done this six times, though the trouble is he cannot absolutely prove it. He follows this up with a rather full dose of antipyrine, because it lessens pain and seems to have a rather antiseptic effect. He gives acid muriatic dil., gtt. iij, and quiniæ sulph., gr. ij, remedies which modify by their tonic action and promote the secretion of the gastric juice. To children he gives a drop of the dilute nitro-muriatic acid every

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hour. When the temperature rises to 103 degrees, he gives baths, beginning with water at the normal temperature of the body and cooling to 70 degrees. The patient remains in the bath for fifteen minutes, and is then put to bed. This brings the patient's temperature in about one hour to the neighborhood of 101 degrees, and he is refreshed and sleeping. This is repeated when the temperature again rises, so that, if necessary, ten or twelve baths are given in twenty-four hours. Heart stimulants are given from the outset, and increased if necessary. Cough is counteracted by morphia. For cephalalgia, pain in the back, delirium or carphologia, morphia and bromide of potassium, antipyrine and acetanilid. For nausea and vomiting, carbolic acid in milk. For intestinal hemorrhage, gallic acid and morphia, transfusion of salt water. Pain in abdomen, external application of ice; internally, morphia. Diarrhœa, quiniæ tannas or tannic acid. The patients are not allowed to leave their beds, having bed-pans and urinals furnished them. It is of great importance to have two beds, one for the day and one for the night. The patient should have the largest, lightest and airiest room in the house. The diet should be absolutely fluid. No bread or toast is allowed. He has seen hemorrhages occur from the use of bread. When kept on fluid food, the patient will complain bitterly of having nothing to chew. In these cases he finds it very satisfactory to allow them to chew tolu. He uses sustaining remedies, mainly whiskey; and in antipyretics avoids everything which will cause collapse.

Dr. Wm. Carson.

Dr. Wm. Carson, of the Cincinnati and Children's Hospitals, gives muriatic acid, ten drops well diluted with water every three hours, and three grains of quinine about every five hours, in cases which are moderate in amount. These cases are fed with milk every three hours, with the direction that it be swallowed slowly and in small quantities. He rarely experiences difficulty in getting patients to take milk during the whole course of the case. If there is repugnance to this food, he supplants it by beef tea or concentrated milk broth. He does not give much beef tea or for a great length of time. The chicken broth he gives in large quantities and for some time if necessary. As the condition of the patient becomes more favorable, add a raw egg with whiskey or wine, or a soft boiled egg.

In severe cases the treatment is modified to suit the peculiarities of the case. High fever, 103–104 deg., is treated by cold sponging of the body-surface not less than once every three hours. If active delirium with great wakefulness and twitching is present, a warm bath is used for ten minutes, and repeated in three or four hours. If needed, antifebrine in ten-grain doses is occasionally used. This is not given continuously, but only to supplement the effect of the sponging.

The diarrhœa he treats with turpentine, ten drops every three to five hours. This is especially demanded if the tongue is dry and the abdomen tympanitic. Hope's mixture is also used. The doctor does not interfere with the diarrhœa if the stools are oftener than three or four in twenty-four hours. Gallic acid is given for hemorrhage from the bowels. The dose is twenty or thirty grains every three hours, with occasionally some opium, one-fourth grain every five hours. If perforation of the bowel occurs, large doses of opium are given, and as the peritoneum becomes more involved, turpentine stupes are placed over the abdomen.

Severe headache and spinal pains are met with ten-grain doses of chloral, and sometimes a twenty-drop dose of bimeconate of morphia, which is repeated, if indications and effect require, every three hours. If vomiting is severe, give a half drop of creosote every three hours, and suspend the other drugs. His cases are not treated with the belief that antipyretics have any important influence over the disease.

Dr. J. C. Mackenzie.

Dr. J. C. Mackenzie's routine treatment has been dilute muriatic acid, ten drops after meals; Hope's mixture, one-half ounce every three hours, when diarrhœa was present in an excessive degree. Otherwise the treatment was mainly supportive and symptomatic. The supportive measures consisted of

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milk and beef tea, and as convalescence approached, a diet of bread, rice and soft-boiled egg was cautiously added. The symptomatic treatment consisted in the use of whiskey and other stimulants, as indicated in a weak and frequent pulse, dicrotism, etc. Morphia was given in full doses in peritonitis, and morphia and lead acetate in intestinal hemorrhage.

Antifebrine he gave only when there was a continued high temperature of 103–104 degrees or over, with only a slight remission. Wet packs were used in only three cases, and with no satisfactory results. In some cases, after giving antifebrine, the pulse became better and stronger. The administration of antifebrine was always followed by profuse sweating and severe chill. The giving of an ounce of whiskey prevented the chill. The effects of the antifebrine were noticeable within forty-five minutes after the administration, and lasted from four to eight hours. Atropia in doses of gr. $\frac{1}{75}$ to $\frac{1}{60}$ failed to check perspiration in any marked degree. Dr. Mackenzie is of the Cincinnati Hospital.

DR. C. G. COMEGYS.

Dr. C. G. Comegys, chief of the staff of the Cincinnati Hospital, says: I consider it a disease which we cannot cut short, and I devote my whole attention to the protection of the great organs of the body from its ravages. The position of the physician in its management is much the same as the commander of a ship in a tempest—he cannot stop the violence of the storm; therefore, all his energies are directed to the protection of his vessel, the hull, sails, spars and rigging. I endeavor to restrain the violence of the fever from the first; that is, to keep it down as low as 101–102 degrees. This is certainly possible with the use of antifebrine. I deem a certain amount of fever necessary during the course of the disease, to properly sustain the vital actions, depressed as they are by the toxic elements. Heat is the first of the vital stimuli. Antifebrine, in my observation, is not only a most available antipyretic, but, in virtue of that, lessens the frequency of the heart's action; and, as veratrum viride does in proper doses, increase the tonicity of the arteries to their very extremities, the arterioles, and they will sustain the capillary circulation everywhere. The capillary area, I hardly need say it, is the physiological domain, and also the realm of pathology; the regularity of the circulation, its volume, force and quality being maintained, protects the great organs from functional and organic destruction. To preserve the capillary system, the elimination of all post-organic substances must be momentary and complete, through the kidneys, the skin, the liver, the bowels and the lungs. Antifebrine promotes diaphoresis, diuresis and biliary flow. Immersion baths, hot or cold, morning and evening, even oftener in grave cases, will greatly excite the healthy function of the skin and otherwise give much comfort to the patient. The baths should not be continued longer than eight or ten minutes at a time. Formerly I employed mostly cool or cold baths; now-a-days I prefer warm or hot ones, for they are just as effectual and more comfortable. A hot bath may range from 104 degrees to 110 degrees; a cold one, beginning at 95 degrees, may be reduced to 85 degrees. When it is inconvenient to give a hot bath, a profuse diaphoretic action may be brought on by dry heat, using appliances of several kinds. In the west the corn-sweat is popular; boiled ears of corn, adjusted by blankets to the body, is one of the best. For the diarrhœa when it is weakening the patient, I rarely employ other than the well-known Hope's mixture. If there be constipation, as in the malarial variety, I direct enemata of cold water; and I occasionally, from certain indications, use blue pill. I feed my patients liberally with milk and bouillon; the milk is often peptonized. To aid digestion, or for tonic purposes, I order one drachm of C. P. muriatic acid, mixed with four ounces of lemon or any fruit syrup, and I direct that one teaspoonful of this be stirred in a glass of warm water, which is to be administered as a drink during three or four hours. I also make use of wine or of whiskey in tonic doses; that is, as much as two ounces of the latter or four ounces of the former, diluted in milk or water during the twenty-four hours. If albu

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minuria exists, I avoid the use of alcohol, for the kidneys are impervious to it, and it becomes an irritant.

Congestion of the brain, the lungs, the liver, the kidneys and the entire mucosa are dangerous complications, for serous effusions and hemorrhages are imminent and of fatal tendency. These fearful states are owing to the neuritis superinduced by toxæmia. I include in this term the primary specific organisms and their excreta; the post-organic products of their fever and their retention in the blood by reason of the choked emunctories. To prevent this catastrophe, free exit of these emunctories should be maintained from the first day. Delays here are dangerous indeed; but I have seen patients in the terrible strait of an involved brain, lungs and circulation, happily relieved in a short time by a profuse sweating, induced by a hot bath or hot applications under blankets.

For enteric hemorrhage I know of nothing superior to the use of castor oil in small doses every half hour till the oil appears in the passages; and I will add that for occult capillary hemorrhage from any part, large doses of iodide of potassium (40 grains) dissolved in two ounces of water every four hours, works wonderfully well. This is the remedy *par excellence* in congestion of the brain and lungs in this fever. I have used with much advantage towels wrung out of cold water about the chest and abdomen of my patients. For the relief of tympanites the wet pack is very serviceable.

TYPHO-MALARIA.

I beg to add some considerations on the relation of typhoid and typho-malarial fever. I recognize the malarial variety of typhoid fever. In my extended observations in hospital and private practice this variety differs from the true typhoid in several important particulars, viz.: (1.) The febrile accession is much more violent. It is often as high as 104° to 105° F. on the third day, with remarkable daily fluctuations, presenting marks of a remitting fever, and then continues till about the fifteenth day, when it often nearly ceases, and the crisis seems to be passed; within a day it will reappear on a high plane, and in a remitting character will continue for an indefinite period. We must wait and watch patiently; meanwhile sustaining thoroughly the patient. I always warn the patients against the indeterminate process towards a complete convalescence. (2.) Diarrhœa is by no means as common in this variety; indeed, constipation is more common. Nor is tympanites ever present in a marked degree; nor are rose spots. Numerous sudamina are frequently seen; tenderness in the right illiac fossa exists in moderate degree. Intestinal hemorrhage, I think, is more frequent and more violent than in true typhoid. Again, severe neuralgic pains in the abdominal walls and hyperæsthesia of the skin in that region are striking features, and sometimes lead to such tension of the abdominal muscles as to give apprehension of impending peritonitis. I think this is not seen in typhoid except when an intestinal perforation has taken place. (3.) I have observed occasionally during the high fever the occurrence of a decided suppression of urine, with albuminuria and tubular casts, accompanied by intense pain in the lumbar region, which I have believed to be due to congestion of the kidneys. Very marked conditions of uremia have been developed under such circumstances. In the case of a young lady, two years ago, in this condition, the temperature which on the morning of the third day stood at 105°, fell to 96° within twelve hours, and the pulse descended from 120 to 40 per minute in the same time, and this condition of subnormal temperature and pulse continued for six days (the former fluctuating from 96° to 85° and the latter from 40 to 60 per minute), then the urinary crisis being overcome the regular movement of the typhoid fever was developed. During this period of uremia there was great restlessness and much mental hebetude, but no convulsive actions showed themselves. (4.) In regard to the brain, the symptoms differ, *e. g.*, stupor or mental hebetude is not commonly seen in a marked manner in the malarial form; on the contrary acute phrenitis is occasionally developed and is an extremely grave complication. (5.) The tongue differs from the typhoid. It is longer, with

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a whitish fur and slightly œdematous; neither is the anorexia so marked, but the thirst is inappreciable. Cardiac anæsthesia does not exist in a great degree in the course of the disease, therefore, there is not a marked condition of *subsultus tendinum* as in typhoid. In the lungs there is by no means so much tendency to hypnotism and bronchial rales. The anemia, I think, is more profound than in typhoid. In true typhoid fever the muscular tonicity of the striped and unstriped fibres is much more involved, as shown by the state of the circulatory and intestinal apparatus.

Finally.—I am not prepared to admit that these two febrile movements are the same in kind, differing only in degree; for the presence of the agent which we call malaria is too well-marked; hence it satisfies me better to speak of it as a malarial variety of typhoid fever.

A NEW CANULA FOR OPERATIONS IN TRACHEOTOMY.

BY H. N. WADSWORTH, D.D.S.,
Washington, D. C.

I HEREWITH desire to call the attention of the medical and surgical profession to a new and improved canula for drainage after the operation of tracheotomy. I hold that a *metallic* tube or canula should never be introduced into the trachea, because it is so harsh, unbounding, and unyielding, at times cutting like a knife, pressing upon inflamed and swollen tissues, and aggravating all the surrounding parts. I have constructed some tubes of gutta-percha which will in a great measure overcome all of these objections and will greatly simplify the after results of tracheotomy and almost enable the surgeon to become his own instrument maker in these cases.

Inclosed with this article I send you several tubes. Take one and see how easily you can cut it with a knife; warm it slightly over an alcohol lamp, and see how easily you can bend and shape it, or put it in warm water and notice its ductility and pliability; and yet in a moment or two it is as stiff, as hard and unyielding as metal; and at the temperature of the human body, it retains this unyielding character, whilst it is not acted upon by any of the secretions.

With a few of these tubes of various diameters and lengths in his instrument case, and a few pieces of copper wire, which he can bend readily with a pair of pliers, he is in a few minutes prepared to meet all the requirements of tracheotomy, whether it be for a child with croup or diphtheria, or any of the serious diseases that often render this operation *almost instantly necessary*.

Take the canula which is inclosed and insert it in a vial containing an ounce of water [to represent the throat], slightly warm the silver tube inserted in the bulb No. 1, and gently insert it whilst warm, with a gentle twist into the canula, after having first by squeezing the bulb exhausted the air; on removing the hand from the bulb the suction will immediately take up the water from the canula and vial leaving it empty, and, of course, would act in a similar manner on the secretions in the trachea and bronchial tubes, provided they were not too tenacious and unyielding; and thus in many instances rendering it unnecessary to remove the canula.

Take the bulb marked No. 2; fill it and the rubber tube with water by suction; warm the silver tube at the end of the rubber tube, and gently twist it whilst warm into the canula (supposed to be in the trachea), but really in a tumbler of water; now remove the small peg at the end of the rubber bulb and you have a syphon that will exhaust all the water in the tumbler or secretions in the trachea; and this can be done at short intervals by the nurse without the presence of the surgeon, and without removing the canula.

I would make holes in some of the canulas so as to allow the secretions to find their way into the tubes from above, as well as below, and in that way remove the discharges from the larynx, trachea, and bronchial tubes.

The *great advantage however* in the use of these tubes is in their flexibility; in their yielding character when pressing against an inflamed and swollen part; in going kindly as it were around an ulcer, and gently following a tortuous channel, and yet in a few moments having gained that channel, *without*

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force or *pain*, becoming as *firm* and *unyielding* and *imperishable* as a metal canula.

The insertion of the silver tube into the canula, whilst in the trachea, and its removal, can be made very air tight, and yet require very little force by touching it with a little wax whilst warm, or with glycerine. The tubes are all rough, for illustration, but can be easily made clear and smooth as silver or gold.

I inclose also a solid stick of guttapercha as a sound, with the the suggestion to *warm it* and pass it quickly into the trachea and quickly remove it (only a few seconds would be required); if this were done before the insertion of the canula a perfect impression of the trachea would be obtained, and any ulcers of any magnitude would be very likely to impress themselves on the soft and yielding material; then an intelligent canula could be easily and quickly prepared and given the necessary size and angle, and could be quickly inserted, and would certainly be as comfortable as the character of such an operation admits.

SALOL IN THE TREATMENT OF CYSTITIS.

BY E. L. VANSANT, M.D.,

Demonstrator of Pathological Histology; Chief Assistant, Medical Clinic, Medico-Chirurgical College.

THE results in the treatment of catarrhal cystitis by salol have been so satisfactory that it seems proper to draw further attention to its use in this affection.

I have used it now in a number of cases and the results in each case have been surprisingly rapid and beneficial.

The following three cases have been selected as good illustrations:

Case I.—John M., aged 65.

Jan. 7, 1889. Complains of pain in the lumbar region; frequent micturition, accompanied by straining and pain; passes his urine every three hours by day and arises three or four times at night; appetite is poor; has dizziness and indigestion. Examination of the urine: pale, cloudy, with considerable sediment; reaction slightly acid; sp. gr. 1022; tests for albumen and sugar negative. Microscopical examination of the urine gives epithelial cells and pus corpuscles. Examination of the prostate shows right lobe somewhat enlarged; left lobe seems normal; the entire gland sensitive to the touch. Examination of the bladder per catheter shows that the patient is capable of emptying that viscus.

Diagnosis: chronic catarrhal cystitis.

Treatment: salol, gr. v, every four hours.

Jan. 10. Reports feeling very much better. Now passes urine three times during the day and twice at night; urination is unaccompanied by pain or straining; pain in the back much less, appetite good, bowels regular. Examination of the urine: clear amber color, no sediment, reaction strongly acid, sp. gr. 1022, no albumen, etc. Treatment discontinued.

Jan. 14. Remains in the same improved condition as at last visit.

Case II.—Margaret M., aged 60; patient has been under treatment for some time for phthisis pulmonalis.

Jan. 12, 1889. Returns complaining of having caught cold about two weeks ago, and now suffers from frequent urination accompanied by severe straining and burning. She says that the desire to urinate is almost constant, and that she arises frequently at night; also has severe pain in the back. These symptoms are of about two weeks' duration. Examination of the urine: pale, cloudy, with considerable sediment; reaction slightly acid, sp. gr. 1020, slight amount of albumen. Microscopical examination gives epithelial cells from bladder and vagina, pus corpuscles and some red blood corpuscles.

Diagnosis: subacute catarrhal cystitis. Treatment: salol, gr. v, every four hours.

Jan. 14. Reports that the painful micturition ceased yesterday afternoon and has had no pain since. She arose once last night, and has urinated twice to-day before 2 P.M. Examination of the urine: amber color, very slight sediment, reaction strongly acid, sp. gr. 1020, no albumen. Microscopical examination: some epithelial cells and pus corpuscles.

Jan. 17. Condition continues good.

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Case III.—Dr. —— complains of slight catarrhal cystitis with frequent micturition, for past several months. Urine not examined. Treatment: salol, gr. v, every four hours. Reports, two days later, entire relief, which continues up to the present time.

The mode of administration followed has been the same in each case: the remedy was ordered in pill form and given in five-grain doses every four hours.

The results from this quantity were so satisfactory that other sized doses have not as yet been tried. Whether one single large dose will not perform the same work is, I think, worthy of investigation.

1632 Chestnut st., Philadelphia.

STATIC ELECTRICITY.

BY H. MONTAGUE.

THERE are doubtless numbers of physicians throughout the country making use of the other forms of electricity, who, but for the uncertain action of the static machines heretofore produced, combined with their excessive cost, would be glad to employ this, to my mind, the most valuable branch of medical electricity. All are familiar with the successes achieved with it by Golding Bird, Charcot, Vigouroux, Bartholow and others, but concise literature on the subject is very deficient; consequently reports of cases in detail from those using Franklinic electricity are of special value.

Regarding the machines, a description of either the Holtz, Toepler or Carré is superflous; but in respect to the improved Wunshurst it is different, as I am not aware that any detailed account of it has ever been published, except in Ayrton's Practical Electricity, page 367, where it is described as being the simplest and most perfect influence machine ever yet devised.

With certain modifications to overcome adverse atmospheric influences, Mr. Thomas Harris, of this city, has produced for me an improved Wunshurst machine, which not only fulfils in every respect the advantages claimed for it; but, in addition to working with absolute certainty and regularity in all weathers, is undoubtedly the most powerful machine ever manufactured for therapeutical purposes. This machine

consists of six glass discs, thirty inches in diameter, mounted on a fixed steel spindle, and rotated in opposite directions; on each disc are fastened, at equal distances apart, twenty metallic sectors. Even with this large number of sectors, I find no difficulty in obtaining a strong, straight and thick spark from the discharging points of the precise conductors, of from nine to twelve inches in length; whereas, while by decreasing the number a still longer spark might be obtained, the machine would not be so absolutely certain of exciting itself under all atmospheric conditions, as is now the case.

Besides its power in the usual administrations of Franklinism, it is a most powerful producer of ozone, and yields very perfectly the Static-Faradic current, the advantages of which are fully described on page 155 of Bartholow's Medical Electricity, edition of 1887. When generally applied, Static electricity has strongly-marked tonic effects, superior to those produced by any other form of electricity; the appetite is increased, and all the cutaneous functions stimulated. Another strong factor in rendering popular Franklinic elec-

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tricity is that the necessity of removing the clothing is entirely avoided; and where treatment by sparks is indicated, they can be drawn through the thickest clothing. Care, however, should be exercised, in treating ladies, to avoid the proximity of corset steels and wire bustles, as the increased conductive properties of the metal will result in stronger and more painful sparks.

Detroit, Mich.

TRANSLATIONS.

BROMIDE OF GOLD IN EPILEPSY.

THE following extracts are made from the essay of Dr. Goubert, which received the prize of the Academy of Medicine;

The numerous causes of epilepsy have given rise to a variety of treatments, among which that of the bromides deservedly takes the first rank. For many years bromide of potassium, sodium, ammonium, lithium, calcium, zinc, arsenic, nickel, camphor, ethyl, have variously been employed, but their action appears less reliable than the bromide of potassium, or a combination of three—potassium, sodium and ammonium.

In 1878, the author first used bromide of gold, and, encouraged by the results, has established a treatment of remarkable activity. The form preferred is the solution, which is of a dark orange color. The least dose for an adult is 8 milligrammes in twenty-four hours; for a child, from 3 to 6 milligrammes will suffice. When wishing to obtain a rapid effect in an adult this dose is gradually increased until the effect is obtained. If the dose is increased a persistent headache may occur, which ceases when the dose is lessened. The author has never exceeded a dose of 12 milligrammes. The advantages are the small quantity required, compared to the bromide of sodium or potassium necessary to obtain a good result; and the absence of digestive disturbance renders it possible to continue the treatment for a long time without intermission. No phenomena of bromidism have been noticed; no cutaneous accidents, nor loss of memory, or diminution in sexual functions. Every one is familiar with the grave result of the bromide treatment upon the general health of epileptics.

Bromide of gold is more rapid in its effects, and gives rise to none of these very disagreeable phenomena. Another point worthy of attention is that the effect is lasting, and remains sometimes for many years without other treatment and with no return of the epileptic attacks.—*Revue de Thér.*

THE HOUR OF DEATH AT SALPETRIÈRE AND AT BICETRE.

M. CH. FERE says that, desirous of verifying for himself the statement that more deaths occur between the hours of 4 and 6 A.M., he made notes of the time of death of all patients in the above named hospitals for ten years, and finds that the statistics show nothing definite.

—*Revue de Thér.*

POISONING BY COFFEE.

Cases of coffee poisoning are so infrequent that the following case may be of interest:

A young girl of vigorous constitution and unaccustomed to the use of coffee drank one day ten cups of a very strong infusion. At the end of two hours, she presented the following symptoms: vomiting, vertigo, ringing in the ears, loss of memory, pain, pallor, disturbance of vision, coldness of the extremities, and numbness in the fingers. The pulse was more frequent, but not fuller nor more irregular than in the normal state.

Glogauer prescribed the following treatment: warm drinks, warm affusion, with hypodermic injections of morphia at the outset. These measures were followed by profuse sweats and a profound sleep. Upon awakening all bad effects had disappeared.

—*Therap. Monats.*

CRÉSYLOL.

The phénol cresylic or crésylique acid, hydrate of crésyl or crésylol, is obtained by separating from creosote of coal tar the parts which distil between 200 and 210 degrees, and from these, by other distillations in a current of hydrogen, the product which passes at 203 degrees. This composition is

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also found in wood tar at the same time as phenic acid.

It is a colorless liquid, with the odor of creosote, refrigerant, boiling at 203 degrees, dissolving readily in aqua ammonia, alcohol and ether; insoluble in water.

It is not, as may be supposed at first, a definite composition, but a mixture of three isomeric compounds, responding to the formula:

$$C^6H^4\begin{Bmatrix}CH^3\\O^{11}\end{Bmatrix} = C^7H^8O$$

and called ortho-, meta- and para-crèsol.

This composition possesses some powerful antiseptic properties superior to phenol. It checks the fermentation of urine and of milk for about fifteen days, in the proportion of one centigramme of cresylol to one hundred centimetres of fluid. It is toxic to animals, but less so than phenic acid. A solution of a fiftieth is preventive of the development of micro-organisms. Menard found this product efficacious in a disease in dogs, and it is used at the veterinary school at Alfort to the exclusion of all other antiseptics. It is useful in disinfecting fecal matter, and a comparative test with phenic acid, bichloride of mercury, boric acid and alkaline cresylol shows that its antiseptic action is superior to the other substances used as anti-microbiens.

—*Bull. Gen. de Thér.*

MICROBICIDES IN PHTHISIS.

In spite of the highest patronage, able experimenters soon put an end to the enthusiasm of the medical public by showing that the only tuberculous sputa which proved harmless in inoculations was that treated by vapors of undiluted fluor-hydric acid, which could not be employed in therapeutics.

Have inhalations of sulphurous acid given any better results? In spite of the first favorable effects, such as "increase of weight, diminution of the cough and sputa," etc., the phthisis, after a brief and passing amelioration, has resumed its fatal course. What of the rectal gaseous injections, the parenchymatous or subcutaneous use of oils containing iodoform, eucalyptol, etc.? In all cases the first attempts gave promise, only to be followed by the sad disenchantment. The bacillus resists, but, alas, the phthisique succumbs! — LABADIE LAGRAVE, in *La France Méd.*

A HINT IN VESICAL LAVAGE.

VERCHERE, in the case of a man 72 years of age, with retention of urine, practised sub-pubic puncture with a No. 3 Dieulafoy trocar, and drew off the urine. The following day the urine was again drawn off and was still offensive.

Lavage by the urethra being impossible, there remained the alternatives of perineal section, the establishment of a sub-pubic fistula, or the hypogastric section and retrograde catheterism as lately practised successfully by Rohmer of Nancy.

Profiting by the presence of the canula in the bladder, Verchere injected 50 grammes of a saturated solution of boric acid; then withdrew it by aspiration. This was repeated a dozen times, till the liquid returned clear. Thirty to forty grammes of the solution were left in the bladder. The condition of the patient was distinctly improved.

During thirteen days, thirty-one punctures of the bladder were made. At the end of this time the patient could urinate naturally, and a sound was passed, and a complete cure is expected.

By this sub-pubic puncture and lavage, the patient escaped a very grave surgical operation, and was relieved from an affection which would have otherwise proved surely fatal.

—*La France Méd.*

LEMON-JUICE FOR EPISTAXIS.

FAUCHON states that after irrigations with hot water had failed to stop a persistent epistaxis, he succeeded by injecting pure lemon-juice into the nostril. This was better borne than the hot water.—*Bull. Gén. de Thér.*

ATAXY.

GERMEIX records a case of locomotor ataxy cured by anti-syphilitic treatment, consisting of the iodides internally and mercurial inunctions, both in full doses.

From an analysis of sixty-five cases the author deduces the following conclusions: 1. Nearly all ataxics, if not all, are syphilitics. 2. Specific treat-

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ment alone gives enduring benefit. 3. This treatment gives good results only when used at the beginning of the malady and when employed in massive doses.—*Archives de Méd. et de Pharm. Milit.*

HOSPITAL NOTES.

INFIRMARY FOR NERVOUS DISEASES.

EPILEPSY.

S. WEIR MITCHELL exhibited a female patient, aged 22 years, the history of whose case was as follows: When about five years of age she received a blow on the left side of the head with a quoit. The soft parts were divided and there was evidence of some depression of the left parietal bone. Since that time she has been subject to epileptic fits, occurring as frequently as two or three seizures in the day. These attacks are always the result of excitement, and preceded by an indefinite sensation in the seat of the old head injury. The patient first clasps her hands, and in a few moments the head and eyes are rigidly turned to the left. The attacks used to occur at night, but not now. She never hurt herself or fell in the street. During the fits she believes that she is unconscious. A very interesting feature of the case was the fact that although the aura began in the head, the attacks could be prevented by grasping the left arm very tightly. This, Weir Mitchell explained, was by no means unusual in cases of the kind, and he mentioned that he has known patients carry a small tourniquet, worn like a bracelet, for the purpose of warding off the attacks. The patient's general health was satisfactory, and there was nothing abnormal about the menstrual discharge. She had been taking Brown-Séquard's mixture for many years without much benefit. Weir Mitchell ordered her nitrite of amyl in capsules, one to be inhaled whenever she felt an attack coming on. Also 15 grains of bromide of lithium three times each day with 3-drop doses of Fowler's solution after each meal. The Brown-Séquard's mixture to be stopped.

TREATMENT OF IDIOPATHIC EPILEPSY.

S. WEIR MITCHELL says: "In the routine treatment of idiopathic epilepsy I always give 10-grain doses of bromide of potassium three times each day. The dose is increased with every fit, until the patient begins to feel weak, when it is reduced."

JEFFERSON HOSPITAL.

INSOMNIA FROM GASTRIC IRRITATION.

BARTHOLOW, at a recent clinic, showed a female patient, aged 19 years, unmarried, who reported that for months past she had been losing weight and strength rapidly; that she suffered much from sleeplessness, and that except for a little tea, once or twice a day, her appetite was gone. The stomach was extremely irritable, vomiting occurring whenever she tried to take food. Her menses were very irregular, the flow taking place sometimes twice a month, and occasionally there was an interval of three months between each period; bowels constipated; pupils responded to light, but when at rest the left was larger than the right. Bartholow called attention to the great disturbance of the vaso-motor circulation, as evidenced by the alternate blushing and pallor in the appearance of the patient. He considered this was caused by the gastric irritation, which also explained the insomnia. The brain was, so to speak, exhausted from want of sufficient food.

As to treatment, he said the following plan was indicated: First. Good, nutritious, easily digested food, to be given at first in small quantity and at frequent intervals. A little egg-nogg, alternated with a small amount of animal broth to begin with, until the stomach was in a condition to take more substantial aliment. Second. By medicinal treatment relieve the stomach trouble. With this object the following prescription would be found useful:

℞ Bismuthi subcarbonat.....gr. x
Creosoti.....m j

to be suspended by means of glycerine in an ounce of chloroform water and taken just before meals.

Third. "Relieve the constipation by pushing the nutriment." In this connection Bartholow said: "The system of giving purgatives when nothing is in the intestinal tract is extremely irrational. No matter how repugnant food is to your patient, if once it is intro-

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duced into the stomach it will be disposed of in a proper manner.

SUSPECTED RENAL CALCULI.

The next case shown was that of a female aged 28 years. She complained of paroxysms of pain extending from the left lumbar region to the left iliac fossa. The pain had been present for a month, coming on at regular intervals of a week apart (always on Sunday), and lasting for six or eight hours. Examination of the urine showed the presence of albumen, pus and mucus. Bartholow was inclined to think the trouble of renal origin, due to calculi in the pelvis of the left kidney setting up irritation. He considered the periodicity of the pain might be explained by the fact that the patient worked hard during the week, especially on Saturday, and that in resting on Sunday the pain was more evident from her want of occupation on that day.

CHILDREN'S HOSPITAL.

MITRAL DISEASE IN CHILDHOOD.

MORRIS LEWIS brought before his clinic an interesting example of mitral disease resulting from an attack of subacute rheumatism. The patient, a little girl aged 7 years, had been healthy all her life, and, except a mild attack of measles three years ago, had not suffered any of the diseases of childhood. About five weeks ago she complained of pain over the region of the stomach moving to the left shoulder. At no time was the pain very severe. Examination of the heart showed the apex beat normal in position, with the heaving impulse on palpation. A well-marked mitral systolic murmur was heard at the apex and transmitted into the left axilla and inferior angle of the scapula. Morris Lewis considered the case one of mitral regurgitation, secondary to subacute rheumatism. The "pain in the stomach" was he thought rheumatism of the abdominal muscles. As to treatment, he said: "Salicylate of sodium will often check the pain of rheumatism with great rapidity, but I believe it has no effect on the duration of the disease. I think this case is suitable for its administration and will therefore order five-grain doses of the drug after each meal. In prescribing the salicylates it must be remembered that they are apt to disagree with the stomach, and for this reason must not be prescribed in a concentrated form, but given largely diluted with water. Occasionally tinnitus aurium results when they are administered for any length of time. This, however, can be readily checked by bromide of potassium, or hydrobromic acid.

WHOOPING COUGH.

MORRIS LEWIS called attention to an epidemic of whooping cough which had broken out in the hospital amongst the surgical cases. The patients were eight in number, and averaged about three years of age. The characteristic features of the disease in different stages were well marked. In only two of them was the ulceration of the frænum lingua to be seen. Different modes of treatment were adopted, but the best results were obtained in the majority of cases by $\frac{1}{12}$ grain doses of extract of belladonna. An interesting point was the failure of antipyrin to relieve the symptoms. This, Morris Lewis thought, might be explained by the patients being out of health (all were suffering from spinal curvature or coxalgia), and it was a well known fact that antipyrin given in whooping cough showed better results when the patients were in robust health.

FRACTURE OF THE CLAVICLE.

WHARTON presented a child, aged five years, who sustained an injury to the left shoulder by falling on his hand the previous day. When the child was stripped the left shoulder drooped considerably, and crepitus was plainly marked. The fracture occurred at the junction of the outer with the middle third of the bone. Wharton pointed out that in treating this class of injuries, three indications were to be observed: 1st. To raise the shoulder by means of a pad in the axilla. 2d. To bring the fragments into apposition. 3d. To flex the elbow joint and keep the parts at rest until union took place. In children it was always better to begin by applying strips of adhesive plaster before putting on the bandages, as it insured absolute fixation of the fracture should the dressing be disturbed. Passive motion should be begun early, so as to avoid the danger of

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ankylosis of the shoulder, elbow or wrist joints.

UNIVERSITY HOSPITAL.

DYSMENORRHŒA.

At GOODELL'S clinic, the first case shown was that of a married woman, aged 22. She menstruated at thirteen, and had always been regular until three years ago, when she married. Since then she had suffered much from dysmenorrhœa, headache and constipation. At no time was there any evidence of pregnancy. Examination *per vaginam* showed that the uterus was enlarged and anteflexed, with patulous os and congestion of both ovaries. Goodell said that the dysmenorrhœa was explained by the anteflexed condition of the uterus. He thought the nervous symptoms were due to the want of fruitfulness in a patient who seemed anxious for children. Sterility caused her nervousness, and by reflex action the headache and constipation. As to treatment, he would place the patient under ether and dilate the os, with the hope that pregnancy might result.

MENORRHAGIA.

The next patient was 28 years of age, with the following history: She had been perfectly healthy and had menstruated regularly until three years ago, when menorrhagia began and continued. One year ago she noticed a tumor in the hypogastric region, which grew slowly until the time of her appearance at the clinic, when she was as large as if in the fifth month of pregnancy. Examination revealed the existence of a large multiple tumor intimately attached to the uterus. Goodell diagnosed the case as one of malignant tumor, on account of the age and color of the patient, and the external appearance of the growth. He made the interesting statement that in all his experience he has never seen a case of cancer or ovarian tumor in a colored woman of her age; that fibroids were very common in colored people, and malignant tumors equally so in the white race. He proposed to perform a hysterectomy when the patient had ceased menstruating, as it was contrary to his practice to operate on the womb during the menstrual period, owing to the increased danger of severe hemorrhage and septic absorption. The nature of the growth was most likely sarcomatous; but that would be decided after the operation.

PREGNANCY.

The next case brought before the clinic served to illustrate the diagnosis of pregnancy. The patient was twenty-two years of age, and had been married three years. One living child was born two years ago. She complained of general weakness, morning sickness, enlargement of the abdomen, and suspected she was about four months' pregnant. An interesting feature of the case was the history of hæmoptysis since the stoppage of menstruation. This Goodell attributed to uterine congestion, being relieved "vicariously," so to speak, and mentioned that he had frequently observed it in his practice. Examination showed that the womb was enlarged and the os patulous. The breasts were negative.

Goodell said that three important signs of pregnancy were present, viz.: Stoppage of the menses, enlargement of the uterus and softness of the cervix. He believed the woman to be pregnant, but would not be warranted in making a positive diagnosis until more certain signs showed themselves. He pointed out that an enlarged uterus might be due to the presence of a tumor; but then there would be pain and debility of the patient, and, most important of all, dysmenorrhœa, instead of amenorrhœa, would be present.

MASSAGE BREAKS DOWN ANKYLOSIS.

AGNEW, at a recent clinic illustrated the beneficial results obtained by massage in breaking down old adhesions, in a boy aged sixteen, who a year and a half previously got caught in a belt, the bones about the right elbow joint being extensively fractured. The fracture was put up in a fixed apparatus which was not removed for over a month, with the result that there was extensive ankylosis, not alone of the affected joint, but also of the joints of the shoulder, wrist and hand, the entire limb being rendered perfectly useless. When the boy came under Agnew's care some months afterwards, he ordered

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massage and manipulation to be persevered in. The boy has now complete use of the limb, and can perform the most complex movements of the joints and fingers.

PHAGEDENIC ULCERATION OF A STUMP.

AGNEW recently operated on a man whose leg had been amputated previously about three inches below the left knee. At first the stump did fairly well, but a week previously ulceration set in which defied all treatment. Agnew said in those cases there was nothing to do but to perform a secondary amputation, which he did, removing about two inches of the stump. He pointed out that hemorrhage was extremely liable to occur, owing to the congestion of the stump and consequent enlargement of the vessels, so that the utmost care should be observed in tying the arteries, and seeing that all hemorrhage had stopped before the dressings were applied.

PENNSYLVANIA HOSPITAL.

SHOULD YOU TREPHINE IN SUPPOSED DEPRESSED FRACTURE OF THE SKULL?

MORTON at a recent clinic discussed this interesting question. He said: "In cases where you suspect that a fracture of the skull has taken place, even though there may be no external wound, it is perfectly justifiable to make an incision in order to examine the bone thoroughly. This will save you the annoyance of having your patients come back after months with epilepsy or chronic meningitis; as you must remember that depression of the skull, especially if the inner table is broken, no matter how slightly, is very liable to cause serious intracranial mischief."

UNIVERSITY HOSPITAL.

CHRONIC MENINGITIS FROM SUNSTROKE.

PEPPER presented to his clinic a man aged 40, a railroad conductor by occupation. He was married and had four children all healthy, never had syphilis, habits good. There was no history of injury. He had been ailing since last July, when he was overcome by intense heat, and lost consciousness for three days; since that time his health has been affected, and there has been some mental aberration occasionally amounting almost to insanity. There was no loss of motion or sensation, but distinct evidence of impairment of speech. Examination of the eye grounds revealed the existence of intracranial pressure with some congestion of the retinæ. There was no neuritis observed. The patient complains of much headache and want of sleep; these symptoms becoming more marked when he is unduly excited from any cause. Pepper diagnosed the case as one of chronic meningitis resulting from the sunstroke. With regard to treatment he proposed that the patient should have an unstimulating diet of fish, eggs, vegetables and milk — all "blood making" foods, as meat and alcohol, to be avoided. Hygienic measures should be adopted, including shampooing of the trunk and extremities.

GERMAN HOSPITAL.

FRACTURE OF PATELLA.

DEAVER presented a case of transverse fracture of the patella and inserted Malgaigne's single hooks.

To make the operation a success, he pointed out that the patient had to be put in bed for about ten weeks, with the hooks *in situ* nearly six weeks, and the leg slightly elevated; and strict antiseptic precautions had to be observed.

As proof of the efficacy of this treatment he presented a young man whom he treated about five months ago for fracture of the patella, in the same manner, with excellent results; patient has very good fibrous union, and nealy normal movement of the leg.

FEMORAL ANEURISM.

DEAVER presented a case of femoral aneurism, situated above Hunter's canal of the left leg, and advised digital pressure in preference to ligation, on account of the circulation not being so plentiful as in other parts of the body and, therefore, the anastomosis might not be sufficient to nourish the leg.

In speaking of the operation of cutting down to the sac and turning the clot out, and ligating the proximal and distal ends of the artery, he said that profuse hemorrhage may ensue before the artery can be found and ligated, and, therefore, would advise to ligate

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the artery first on both ends, and then open the sac and turn out the clot; by so doing the danger of hemorrhage being averted. He presented the patient in his next clinic and the tumor was solid, no pulsation, no movement, digital pressure having been performed.

CANCER OF THE RIGHT CHEEK.

DEAVER operated on a patient with carcinoma of the right cheek, involving the parotid gland, and a portion of it had to be removed; he being careful not to injure Steno's duct, so that no salivary fistula would ensue; also great care being taken not to cut the facial nerve, though some filaments could not be avoided. After the operation the wound was carefully washed, and then a solution of chloride of zinc gr. xv to ℥j was used to touch the wound thoroughly with.

Sufficient flap could not be had, so the wound was left to heal by granulation, under antiseptic precautions.

At his next clinic the patient was doing well, and the wound had a healthy appearance; granulation progressing nicely.

ACUTE NEPHRITIS.

BRUEN presented a patient about 30 years old, who was admitted to the hospital on the 5th of January, with headache, nausea, scanty urine, which on examination was found to contain a large quantity of albumen, epithelial and granular casts; temperature 98° and never went above 100°, with high arterial tension and cool surface.

Patient had not felt well for 16 days previous to his admission; his face was œdematous and general anasarca was present.

The diagnosis of acute nephritis was made, patient put to bed, a hypodermic injection of pilocarpine and a steam bath were given to increase the action of the skin. Calomel gr. $\frac{1}{6}$ for 6 hours, followed by gr. x of compound jalap powder to produce purging; milk diet and fluid extract of ergot gr. xv every 3–4 hours.

The albumen has completely disappeared from the urine and patient feels well; the drugs were withdrawn, and Basham's mixture substituted, to keep up the action of the skin and help restoration of the blood, because the patient is pale and anemic.

MEDICO-CHIRURGICAL COLLEGE.

TONIC IN TYPHOID.

WOODBURY considers the different preparations of coca especially valuable in convalescence from typhoid fever, being superior to digitalis, for instance, in not having a tendency to cause diarrhœa.

SPERMATORRHŒA.

For spermatorrhœa due to relaxed arterial tension, gtt. 30 of digitalis at night are good; and if there are frequent erections, full doses of potassii brom. should be given during the day.
—*Woodbury.*

OPERATING FOR CATARACT.

KEYSER never operates on both eyes on the same day; there is too much risk. He can recall numerous instances in which one eye has been operated on and lost; but in which such peculiarities or idiosyncrasies were noticed that in a subsequent operation on the other eye the surgeon was enabled to save it.

SCROFULOUS DIATHESIS.

ATKINSON thinks that the scrofulous diathesis is frequently acquired by the child through the mother's nursing it after menstruation has again begun. The mother's milk is then improper and insufficient food for the growing child.

BRONCHIAL HEMORRHAGE.

In bronchial hemorrhage there are three indications to be met: Lessen blood pressure, strengthen vessel walls, enrich the blood. Persons, then, subject to this trouble should be put on a dry diet in the first place. Lacto-phosphate of lime is the best preparation for strengthening the vessel walls, and as it is slow of absorption, I am accustomed to order ten grains to be put in a glass of water, and sips to be taken a number of times during the day, so that grs. x are taken each day. The vessel walls will now stand iron or some other enriching substance, whereas before their weakness would make a course of iron most dangerous. For the hemorrhage itself, nothing is better than a full dose of digitalis.—*Waugh.*

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CATARACT IN BRIGHT'S DISEASE.

KEYSER has never operated on a patient in whose urine considerable albumen was found, without having sloughing of the cornea to follow. On the other hand, he has frequently operated on diabetic patients with success, after they had undergone a course of treatment.

If the iris is sluggish, he has found that it is not safe to remove the lens at the same time as the iridectomy. He removes the lens some six weeks later.

MORNING SICKNESS.

STEWART has had greater success from oxalate of cerium in morning sickness, or the vomiting of pregnancy, than from any other one drug. It acts best alone.

℞ Cerii oxalatis.....grs. lxxx.
Ft. pil. in no. xl.
Sig.—Take one three times a day.

He thinks the nausea is frequently caused by co-habitation during that period, and has good results from advising continence.

PNEUMONIA.

In cases of supposed delirium tremens it is always well to examine the lungs for pneumonia, for the symptoms of these affections are sometimes strikingly similar.

If a drunkard with pneumonia be bled in the first stage, he will almost certainly succumb in the third. Heart failure from the high temperature is the great danger in pneumonia. I make it a point to keep the temperature down to 102° by means of antipyrin, accompanying this simple treatment with warm mush poultices to the chest. The results are remarkably good.

Should the heart markedly fail, no tonic is better than strychnine, say gr. $\frac{1}{30}$ every four hours. —*Waugh.*

OINTMENT FOR SCROFULOUS GLANDS.

ATKINSON says this is a good ointment for application to the enlarged glands of scrofulous children:

℞ Potassii iodidi.....ʒ j
Unguenti stramonii.....ʒ ij. M.

HOW TO TREAT CHILDREN'S DISEASES.

The best way to treat the diseases of children is to treat the indications, not the disease. —*Atkinson.*

CAFFEINE IN A CUP OF COFFEE.

An ordinary cup of coffee contains from 2½ to 3 grains of caffeine. Coffee is serviceable in malarial districts as a stimulant to the liver, and also as an antiseptic. —*Woodbury.*

AMPUTATION OF PENIS.

GARRETSON amputated this organ at its proximal third, for epithelioma, at his clinic January 12.

ABLATION OF SUPERIOR MAXILLA.

On January 19, GARRETSON performed at his clinic this difficult and dangerous operation. The patient was a man of some fifty years, suffering from a sarcoma that, starting in the antrum, had infiltrated the whole bone. An incision was first made through the upper lip in the median line, around the ala of the nose to the eye, along the edge of the orbit to the external canthus, and the flap dissected back. With the circular saw of the surgical engine, Garretson now followed the line of the incision, cutting through the bone, but not invading the orbital floor. The malar process of the superior maxilla was now sawed through, next the palatine process just to the affected side of the median line, back to the horizontal plate of the palate bone. The saw, at a right angle to its former course, was now made to disconnect the superior maxilla from the palate bone. After dividing all the accessible soft attachments with the knife, the operator wrenched from its socket, with a pair of powerful forceps, the offending bone, leaving in its place a huge cavernous wound. The flap was then returned and sewed in position, and the patient is at present writing doing well.

CANCRUM ORIS.

ATKINSON says he has never seen a case of cancrum oris that did not arise in a scrofulous child, and then after a course of mercury.

The Naval Medical Examining Board is now in session at the Naval Hospital, Philadelphia.

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PHILADELPHIA

MEDICAL TIMES.

PHILADELPHIA. FEBRUARY 1, 1889.

EDITORIAL.

GERMICIDES IN TYPHOID FEVER.

THERE appears to be a growing interest in the treatment of typhoid fever by the administration of drugs which act as germicides in the intestinal canal. It is a hopeful sign for the future of this method that there has been no popular "craze" for it, as there was for the late lamented Bergeon, and many another folly which had but little to commend it to those who stop to think before acting, but novelty enough to catch the breeze of passing fancy. And yet the application of intestinal germicides seems to follow so appositely upon the adoption of the microbic theory of typhoid fever. In pulmonary tuberculosis every possible avenue has been utilized for the introduction of microbicides. The air to be inhaled has been loaded with vapors of every sort which is supposed to be noxious to the invading bacillus; the stomach and the subcutaneous cellular tissue have been utilized for the introduction of aniline and creasote, in the hope of saturating the body to a point incompatible with the continuance of microbic life; the rectum has served for the introduction of sulphurous acid. But though, thus assaulted in front, flank and rear, the tubercle bacillus has proved too firmly intrenched to be dislodged. So intimately conjoined are the elements of death and of life, that it has been found practically impossible to remove the one without also destroying the other.

Although in typhoid fever there is a better opportunity for using germicides in sufficient concentration to render them effectual, practitioners appear to be slow in adopting this idea in its treatment. This is doubtless in great part due to the very fair results obtained by the treatment already in vogue. The antiseptic methods practised in the great German hospitals, and the expectant plan pursued in this country, have yielded a percentage of recoveries which is certainly remarkable when we consider the serious nature of the disease, and the dangerous complications and sequelæ which beset it. But no result is good enough if there be room for a better.

Another reason for the slowness of the profession to take up the intestinal germicides has undoubtedly been the thought that, while the intestinal canal has served for the introduction of the disease-germs into the body, the symptoms are produced by the penetration of these germs into the blood-vessels, and their passage to all parts of the body. To what extent and at what stage of the disease this takes place, we are not as yet informed. Indeed, we are in want of a series of examinations of the tissues and fluids of the body, during the progress of typhoid fever, with a view of determining this interesting point. Judging from the effect of germicidal treatment, we are warranted by clinical observations in believing that the intestinal canal is at first the sole theater of the microbic operations, and that the general symptoms are produced by the absorption into the circulation of poisons generated in the intestines by the specific microbes of the disease; further, that there is a time when a microbic invasion of the blood really occurs; after which the exhibition of intestinal germicides fails to be followed by the marked benefit which accrues from their use previous to that time.

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It may be noted that even before the promulgation of Klebs' discovery, the remedies which had obtained the esteem of clinicians in the treatment of this disease are those which possess some local germicidal properties. How else can we explain the claim of Wunderlich, that typhoid can sometimes be aborted by a few doses of calomel? Or that cases treated throughout with iodine give a better percentage of recoveries than those treated without it, all other conditions being the same? It is possible that nitrate of silver, the mineral acids, quinine and turpentine owe their reputation in great part to their local germicidal effects.

During the past year there have been several important publications upon this subject; especially noteworthy as showing that several observers, working with different agents, have obtained very favorable results.

Gramshaw[1] reported a series of 116 cases, treated with carbolic acid and iodine, without a single death.

Bouchard[2] makes us of naphthol and salicylate of bismuth, and claims results more favorable than were obtained from empiric medications, and the treatment of symptoms. As he associates with this treatment the use of baths, quinine, calomel, etc., it is not possible to judge definitively of the exact value of intestinal antisepsis in his very numerous successful cases.

To these observations is now added an interesting paper in *The Practitioner* by J. Mitchell Clarke, on beta-naphthol in enteric fever. He calls attention to the ease with which toxic bodies, found in the intestines, normally, or through the intervention of the disease, gain access to the organism through the intestinal ulcers. Bouchard showed that beta-naphthol is only toxic in doses of about eight ounces per day for an adult of average weight, while forty grains in the 24 hours suffice to keep the bowels aseptic. This is given in milk, or in gelatine capsules. Small doses frequently repeated are preferable.[1]

Acetanilide or phenacetine were also used when the fever exceeded 102° F.

In the five cases treated by naphthol throughout, the abdominal symptoms were favorably modified, but the fever showed its usual course, the highest range being 103.5° to 104.8°. In two cases the naphthol had to be stopped on account of gastric disturbance, excited by the drug. In one case a relapse occurred after defervescence from a mild first attack. Convalescence was unusually rapid in this series of cases, and the patients were less reduced in strength than usual.

His conclusions are:

1. That the production of an intestinal antisepsis is a rational mode of treating enteric fever, and that beta-naphthol is a safe and tolerably efficient agent for this end.

2. That by its use in the above cases the duration of the disease was shortened, and the intensity of the symptoms directly arising from profound disturbance in the alimentary canal was lessened.

3. That the tendency to the occurrence of splenic enlargement, albuminuria and secondary complications, such as boils, abscesses, etc., of purulent infective origin, is diminished.

4. That complete convalescence is more speedily and satisfactorily attained, and that there is less risk of a propagation of the disease to others.

[1] Philadelphia Medical Times, Aug. 1, 1888.
[2] La France Médicale, Jan. 3, 1889; page 3.

[1] The following is Clarke's formula:

℞ Beta-naphthol.....gr. xx
Tinct. aurantii.....f. ʒ ij
Syr. limonis.....f. ʒ ss
Mucil. tragacanthæ.....f. ʒ iij
Aquæ, q. s. ad.....f. ℥ vj
M. S. Dose, f. ʒj.

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In June last the writer presented a series of twelve cases treated with the sulpho-carbolate of zinc. Eleven of these were thus treated from the beginning, and all recovered. The other case was almost moribund when it came into the writer's hands, from repeated intestinal hemorrhages, and cannot be counted against the treatment, except as showing that there is a time when intestinal antisepsis ceases to be curative. Since that time twenty-two cases have been treated by the same agent, all of which recovered.

The sulpho-carbolate of sodium was substituted for the zinc salt in some instances, the results being apparently identical.

Neither Clarke's list of seven cases, nor our own of thirty-three, is sufficiently extensive to warrant positive deductions; but it may be of some interest to point out the differences in the action of the two agents used:

1. Intestinal antisepsis is procured by both, requiring 40 grains per diem of naphthol and 30 grains of the sulpho-carbolate (in adults).

2. Gastric disturbance resulted in two cases out of seven from the naphthol; in none from the zinc.

3. No decrease in the fever was obtained from the naphthol, while in every case the sulpho-carbolate caused a fall of at least one degree.

4. Dr. Clarke does not state that the cerebral symptoms were either moderated or prevented by naphthol; while this formed a marked feature in all our cases but one.

5. The tendency of secondary suppurations, probably resulting from the entrance of pyogenic bacteria through the intestinal ulcers, was diminished in both series.

6. We think that the effect on the intestinal symptoms was more marked in our own cases, though it may be simply that Dr. Clarke has not dwelt on this point.

Altogether, the advantage in every particular appears to be on the side of the sulpho-carbolates.

ANNOTATIONS.

PHYSICIANS' ACCOUNTS.

We desire to call the special attention of our readers to the system of keeping accounts devised by Dr. C. F. Taylor, of the *Medical World*. His pocket day-book is the only one in existence, so far as our knowledge goes, which can be produced as evidence in a court of law. It is as easy to register services in it as in any of the other pocket case-books

We think it is better than any of them, because in the space used for recording a visit there is room enough for a descriptive word, such as "visit," "night visit," "confinement," "operation," etc., as well as for the sum charged.

By leaving out the various statistical tables, the substance of which ought to be in the physician's head, instead of in his pocket, the size of the book is reduced greatly, which is a commendable feature to those who dislike bulging pockets.

The Ledger of Monthly Balances is just as handy, requiring one entry a month, and showing the debtor's status at a glance.

These two simple and inexpensive books fully answer the physician's needs, and furnish a system of keeping his accounts in every way superior to the bulky and complicated systems in common use.

The only thing needed to make Dr. Taylor's books complete is a good fountain pen, with which to make the entries in ink.

UNIVERSITY CHANGES.

The faculty of the University appears to be somewhat kaleidoscopic lately, from the number of changes which are being made and the rapidity with which re-arrangements are effected. To those who are not familiar with the working of the institution, this may have the appearance of instability, as if the structure were tumbling to pieces like a card house.

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We have already referred to Dr. Agnew's retirement, which leaves Professor Leidy alone to represent the old faculty as it existed prior to the advent of the "younger element." If, as seems likely, the trustees decide to transfer Dr. Ashhurst from the chair of Clinical to that of Didactic Surgery, it is simply in the line of the traditional policy of the University, which has always been averse to the recognition of merit outside of her own pale. That Dr. Ashhurst should prefer the didactic chair to the clinical, which is usually considered the most remunerative, from its influence upon private practice, shows that the seven so-called "fundamental" chairs are still looked upon as preferable to those of later creation.

This leaves the chair of Clinical Surgery still to be filled—the most valuable place in the faculty.

Dr. Tyson steps into the chair of Clinical Medicine, vacated by Dr. Osler. The training of his pathological studies should make a good clinician of Dr. Tyson, who has always shown a partiality for more active professional work. Dr. Guiteras, who succeeds him in the chair of Pathology, has done notably good work in the Marine Hospital service; but it remains to be seen whether he will prove a successful teacher. Dr. Formad expected the position, and has resigned his connection with the University because he was not elected to it. While his work as a pathologist has been of a high order, his imperfect command of the English language must seriously interfere with his efficiency as a teacher.

Dr. Huidekoper, the chief of the Veterinary School, announces that he is to give up his post at the close of the present session. There are few really accomplished veterinarians in the country, who are available for such a charge, and it is questionable if one can be found who will fulfil its responsibilities as Dr. Huidekoper has done. As in the case of Dr. Osler, we must express our regret that Philadelphia cannot keep such men instead of allowing other cities to secure them.

HEARTLESS INDIFFERENCE.

The *Medical Press and Circular* states that a workman in a manufacturing chemist's (*sic*) reported to the foreman that he had taken by accident some poison. The latter sent him for some ipecac, which the warehouseman declined to give, saying it would probably do more harm than good. Sometime later the head of the firm was sent for, who confined himself to the administration of a glass of water. Forty minutes later a doctor was sent for, but the man was dead before he arrived.

Although our contemporary gives this item with the above caption, we think he is mistaken in attributing it to heartlessness. It is rather an instance of the unreadiness which is characteristic of Englishmen—the slowness with which ideas penetrate their brains—though once having effected an entrance they are exceedingly difficult to dislodge.

The incident recalls another, of which the writer was an eye-witness. An English line-of-battle ship, going out of the harbor of Rio de Janeiro under sail, ran into the U. S. S. Lancaster. One of the English sailors fell overboard, and in the confusion not one of the crew of over 1,000 men had the presence of mind to throw the poor fellow a hencoop, or spittoon, or to loose the life-buoys which hung at the stern ready for such accidents. The man would have drowned had it not been for the crew of the Lancaster, five of whom sprang overboard and kept the man above water until a boat from the Lancaster picked them up.

THE INSPECTION OF MILK

Has been inaugurated in Philadelphia. An official has been appointed who goes about the city swooping down upon the dairies at all sorts of unexpected hours, and carrying off samples of milk for analysis. This is, of course, not very likely to be as effectual as an inspection of all milk before it is allowed to be exposed for sale, and also a supervision of the dairies; but let us be truly grateful for small favors and live in the hope of larger ones to come. At any rate we are assured by the Board of Health that the milk which is not approved, will *not* be confiscated for the use of the hospitals, as is somewhat apocryphally told of a transatlantic city.

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CALCIUM SULPHIDE IN CROUP.

The *Medical Register*, in an editorial, recommends the use of sulphide of calcium for croup, in doses of one-tenth of a grain hourly for the worst cases.

That croup is generally overtreated, that the drugs sometimes given to these little sufferers would probably bring a child who was not previously ill to the verge of death, and that the homœopaths who give nothing have about as good as, or better results than, those who practise the heroic methods, are facts hardly to be doubted. We have long believed and taught that previous to the retraction of the abdomen with the inspiration, which constitutes the indication for tracheotomy or intubation, it is best to let the child alone; simply giving such sustaining treatment as is possible, and even a little opium, to keep it quiet and prevent the occurrence of dyspnœic paroxysms.

The use of sulphide of calcium is not open to the same objections as turpeth mineral, alum, copper and squill, and has the virtue of being readily administered, a qualification by no means to be despised.

HYSTERIA?

An instructive case is reported in a late London journal. A young girl applied to a hospital for admission, for obscure abdominal pains. Repeated examinations failed to detect any appreciable cause for the symptoms, which were set down to hysteria. This diagnosis was apparently confirmed by slight improvement which ensued, when "disciplinary" treatment was adopted. The girl sank, however, and died. At the autopsy it was found that the cause of her death was melanotic cancer of the lumbar spine.

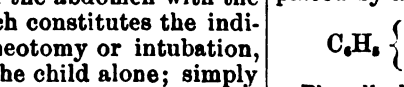
We are sorry that no information is vouchsafed as to the nature of the "disciplinary" measures with which this dying girl was treated. We can imagine what would be meted out to a charity patient who was supposed to be shamming sickness in a hospital. A lively appreciation of the limitations of the diagnostic art, in the hands of resident physicians, should make one very slow in instituting such measures.

And what is the true significance of a diagnosis of hysteria? Does it explain anything? Or does it not simply remove the difficulty one stadium away, and leave us still confronted by the question, "Why is she hysterical?"

LONDON LETTER.

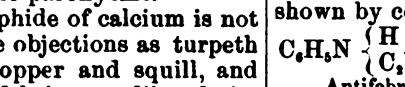
PYRODIN.

THE new antipyretic introduced by Professor Dreschfeld, of Manchester, appears to be a powerful but somewhat dangerous addition to the pharmacopœia. In chemical constitution it is a phenylhydrazin, in which one atom of hydrogen (in the amide group) is replaced by acetyl:



Phenylhydrazin. Acetyl phenylhydrazin, or pyrodin.

Its connection in chemical constitution with antifebrin and phenacetin is shown by comparing the formula:



Antifebrin. Phenacetin.

Pyrodin is a white crystalline powder, sparingly soluble in cold water and almost tasteless. It may be given in powder, in doses of gr. v to gr. xv to adults, and of gr. j to gr. ij to children. It is a very powerful antipyretic, depressing the temperature in fever very rapidly. The antipyretic effect lasts many hours, so that it is not necessary to repeat the dose for eighteen or twenty-four hours. The frequency of the pulse is also reduced, and considerable diuresis is produced. Professor Dreschfeld found it especially useful in pneumonia, scarlet fever and typhus fever; less advantageous in typhoid fever. In some cases it succeeded after the antipyretics had failed. It was also found to be useful in migraine and neuralgia, and M. Lépine, of Lyons, has found that it relieves the lightning pains of locomotor ataxy. It must, however, be given with extreme caution and the results carefully watched, as it may produce a hæmoglobinuria leading to icterus, and other symptoms of a highly dangerous type. It ought therefore to be reserved for exceptional cases, if used at all.

It may be observed, in conclusion, that this great toxicity of pyrodin is

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an instance of parallelism between chemical constitution and physiological properties. Anilin is less toxic than phenylhydrazin, and the acetyl derivative of anilin (acetanilid or antifebrin) is less poisonous than the acetyl derivative of phenylhydrazin (acetylphenylhydrazin = pyrodin):

Anilin. $C_6H_5NH_2$

Phenylhydrazin. $C_6H_5\begin{cases}NH\\NH_2\end{cases}$

Antifebrin. $C_6H_5N\begin{cases}H\\C_2H_3O\end{cases}$

Pyrodin. $C_6H_5\begin{cases}NH\\N\begin{cases}H\\C_2H_3O\end{cases}\end{cases}$

BACTERIOLOGY OF CHOLERA.

Dr. Neil Macleod, of Shanghai, and Dr. W. J. Miles, working at first in Shanghai, and afterwards in the laboratory of the Royal College of Physicians in Edinburgh, have arrived at results which fully confirm Koch's views as to the pathogenic importance of the "comma bacillus." Dr. Macleod finds that the bacillus is not, as was alleged, a normal inhabitant of the intestinal tract; but that it is invariably present and associated with certain changes in the small intestine in cases of Asiatic cholera. When introduced with precautions to prevent destruction by the secretion of the healthy stomach and to check intestinal peristalsis, cultivations of the bacillus multiplied in the small intestine of guinea pigs, and were associated there with changes similar to those observed in man in Asiatic cholera. The authors considered that, as there are conditions which favor the passage alive of the bacillus through the stomach of the guinea-pig, and also conditions which favor its multiplication in the small intestine of that animal, so in man there cannot be a doubt that the organism finds conditions favorable to its entrance alive through, in all probability, the mouth and the stomach.

A CAUSE OF SPEEDY DEATH IN HEART DISEASE.

Dr. Oliver, of Newcastle-on-Tyne, believes that a not infrequent cause of the rapid termination of cases of heart disease is acute gastritis. He narrated three cases to the Clinical Society. All the patients were men, and in all the symptoms (gastralgia and vomiting) were very acute, producing death in a few hours or days. He considered that the gastritis was probably produced by reflex from the diseased heart, and stated that the form and degree of the cardiac disease had no direct connection with the severity of the malady. Dr. Thomas Barlow, in the discussion which followed, while admitting that there were often no gastric lesions discoverable after death to account for the uncontrollable vomiting observed in cases of this class, described a case exhibited at the Pathological Society some years ago, in which hæmorrhagic ulcers, one of which had almost perforated, were found in the stomach and duodenum. Dr. Oliver's cases appear to me to be most nearly related to the cases described by the late Dr. Hilton Fagge under the name of acute paralytic distension.

Mr. Henry Morris, who has recorded a case coming on after the administration of chloroform, employed the term acute gastrorrhœa, which is perhaps the best yet suggested. The history of the cases seems to be that there is first copious paralytic accretion of gastric juice, which leads to vomiting; and that this is succeeded by general paralysis of the stomach, the patient dying with the stomach distended by an enormous quantity of greenish fluid. The stomach walls, however, have not lost their elasticity, and as soon as the fluid is run off by incision post mortem, the organ contracts to about its normal size. This fact led Dr. Fagge to treat a case by completely emptying the stomach with the stomach-pump. The patient was relieved, but died a few hours later; the cause of death being a sloughing abscess behind the duodenum, communicating with the bowel. The stomach was found, post mortem, to have "returned to its natural size and form."

CEREBRAL ABSCESS.

Prof. Von Bergmann has recently reported a case of abscess in the temporo-occipital lobes, secondary to otitis, in which, after trephining, he incised the brain twice without finding pus. The third incision hit the abscess, and the patient made a good recovery. He

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strongly condemned the practice of thrusting a trocar into the brain to search for pus, and mentioned a case in which he had done this and the patient died unrelieved. Post mortem, it was found that the trocar had only just missed the abscess.

Dr. George Thomson has reported to the Manchester Medical Society a case which is interesting in this connection. The patient was a boy aged 11, who was struck on the right side of the forehead by a cricket-bat in 1887. Subsequently he had frequent frontal headache. On July 20, 1888, he had a severe attack, which became more intense, and on July 26 he had aphasia, which was followed by loss of consciousness with slow pulse. The diagnosis of primary abscess was made, and the trephine was applied at the site of the blow. Pus was not found at the operation, but reached the surface sixty hours later. A good recovery followed, and the boy showed no trace of injury to the brain.

TRAUMATIC EPILEPSY.

A lad aged 19 was shown to the Clinical Society at its last meeting before Christmas, by Mr. John Morgan, who had epileptic fits since sustaining a fracture of the skull four and a half years earlier. The fracture, which occurred two inches above the external angular process of the right parietal bone, was compound and comminuted, and a good deal of bone was lost. He was able to walk home, but there became unconscious, and so remained for three or four weeks. Shortly after recovering consciousness he had his first fit. Since that time the fits had been repeated at gradually decreasing intervals, until just before the operation he had ten or a dozen a day. On July 19 an irregular quadrilateral of bone and an almost equal extent of dura mater were removed. The cicatrix in the dura mater and the adherent portions of the brain were excised. The wound healed well, but the fits recurred three weeks after the operation, and had continued, though less frequent and severe than before.

VENEREAL DISEASE IN THE NAVY.

The extent to which venereal disease prevails in the Royal navy has considerably increased since the suspension of the Contagious Diseases Acts. The percentages of venereal disease to other surgical cases treated at the great naval hospital at Haslar were officially stated by the First Lord of the Admiralty in the House of Commons recently as follows: For the four years prior to the suspension of the Acts—1879, 44.09; 1880, 41.31; 1881, 41.84; 1882, 42.2. For the four years subsequent to the suspension of the Acts—1884, 60.96; 1885, 55.17; 1886, 53.68; 1887, 56.56.

At the time this statement was made, 61 per cent. of the surgical cases in Haslar Hospital were venereal. The Acts have never been repealed; but, owing to a resolution adopted by the House of Commons in 1883, the Government has ceased to enforce them. Mr. Stansfield and the other well-meaning persons who, after years of agitation, attained this abrogation resemble the proverbial ostrich. They believe that venereal disease will cease to deteriorate the men of the army and navy if only the public and the Government will shut their eyes to its presence.

ANTE AURAL ECZEMA.

Dr. E. D. Mapother, formerly of Dublin, but lately of London, has called attention to a peculiar form of chronic eczema which occurs in front of the ear. He has described three cases, all in females (aged 12, 40, 45 years respectively). In each a red, raw, slightly raised surface developed over the skin in front of the tragus. In this situation there are large oil-glands, which apparently have the function, by their copious secretion, of preventing the soakage of the skin by the sweat which runs down from the temple, and is deflected also from the forehead by the eyebrows. The disease, though very chronic, had little likeness to rodent or lupoid ulcers; but presented, both in its general character and appearance, and in its association with large sebaceous glands, a striking resemblance to Paget's disease of the nipple. It had, however, no malignant tendency and yielded to local treatment.

CREMATION AND CANNIBALISM.

Sir Spencer Wells recently delivered an address to the London clergy at Sion College, an ancient foundation which

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has recently erected a fine new home for itself on the Thames Embankment. The address was a plea for cremation. The question, he said, was purely a sanitary one. He thought that there was not much difficulty in disposing of the legal and religious objections to cremation; but admitted that those who argued against it from a sentimental point of view had a strong case and gained the sympathies of the public. Still the progress of the reform during the last few years had been comparatively rapid. He thought that most people would soon be brought to see that the destruction of the body after death by fire was better than the decay of the body in coffins or even in the earth; and that in time sentiment would work round until it was on the side of cremation. Urn-burial could be practised to any extent in churches or public buildings in our towns, and we could convert the existing cemeteries, which were a source of such danger to health, into beautiful public gardens, where the people could enjoy pure air, trees and flowers. In the discussion which followed, one reverend gentleman said that no law had ever been passed against cremation, because it was never thought likely that we should wish to burn our fathers and mothers, just as no law had been passed against cannibalism, because no one had ever taken into account the possibility of our desiring to eat them.

ONE CONSEQUENCE OF THE SALT TRUST.

An unexpected result of the salt trust recently formed has come about. For a generation or more, the owners of land, the occupiers of houses and the local authorities of the part of Cheshire which overlies the salt strata have been sorely put to it by the sinking of the solid earth under their feet. This gradual subsidence has led not only to numerous accidents from the collapse of houses, but to the frequent breaking of gas, water and drain pipes, with consequences of an insanitary kind more easily imagined than described. The law afforded no remedy; for the salt is not, as a rule, quarried. It is obtained dissolved in water (25 per cent.) by pumping. Surface water, percolating from all directions through the salt-beds, dissolved the salt little by little. It was easy to prove damages, but impossible to place the responsibility for any particular cracked pipe or overthrown house on the shoulders of any one particular pump-proprietor. Nero wished that all the Romans had but one head, that he might cut it off. The people of Northwich and Winsford, happier than Nero, now have to deal with only one pump-proprietor—the great salt trust; and the land-owners and sanitary authorities, greatly rejoicing thereat, mean to make another effort to get compensation. So that the old proverb is again illustrated: It is an ill wind that blows nobody any good.

THE HOSPITAL DEFICITS.

It is only in London that the hospitals have any great difficulty in collecting the funds necessary for their maintenance. Corporate feeling or municipal pride, in the other great towns of the country, leads to every deficit, being made up. In London there is no corporate feeling. It is not, properly speaking, a town, not a homogeneous whole; it is a congeries of towns and villages covering a province or county—a huge circle about sixteen miles in diameter. We have a Hospital Sunday Fund and a Hospital Saturday Fund; the last panacea is the Workmen's Penny Fund. Every workman is to be induced to give a penny a week. The sanguine propounder of this scheme is the Secretary of the London Lock Hospital. He calculates that about £105,000 might thus be raised. An excellent letter in the *Times*, by Mr. Burford Rawlings, the Secretary of the National Hospital for the Paralyzed and Epileptic, points out one great difficulty. That is the incapacity of the bodies which now undertake to distribute the Funds already in existence. The Saturday Fund, he says, this year made grants "to 'hospitals' whose very existence is a misfortune; while others are awarded sums out of all proportion to the work done." This is the worst of amateur philanthropy.

THE BRITISH MEDICAL ASSOCIATION AND ITS JOURNAL.

The memorialists, not satisfied with the generally worded expressions of

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regret already published, now demand a specific apology to Prof. Von Bergmann, "for the injury he has received by the publication in question"—*i. e.*, the Emperor Frederick's opinion that he had been treated roughly by the Professor. This demand will be discussed at the meeting of the Council of the Association in the middle of January; but the memorialists have again thought fit to publish "resolutions" before they had been considered by the Council, to which they were addressed.

Sir Morell Mackenzie's conduct in the publication of the notorious book on the Emperor's illness will be brought before the Council of the Royal College of Surgeons at its next meeting. He is a member of the College, and the Council thus has the right to reprimand, admonish or expel him. The book certainly deserves condemnation; but the effect produced on the public mind by thus keeping open the scandal is most disastrous. Evidence of this has accumulated since my last letter. The last expression of lay opinion that I have observed occurs at the conclusion of an article on the Emperor's career published in *Blackwood's Magazine* for January, 1889. The authorship of this article it is not difficult to guess. These are the words:

"The babble of tongues about his sick-bed has violated all the sanctities of nature. Had all the doctors been hanged on one rope, it would have been a fit reward for their odious conduct. As if their petty *amour propre* could matter in the face of such a spectacle. Had they desired to bring into more prominent and glorious comparison the example of his royal silence, his all-enduring calm, they could not have taken a better method. It is to be hoped that now, until the time comes for a perfect and impartial history, these voices will be silent, and the spotless name of the Emperor left with all its noble suggestions for the instruction and example of the world."

The remedy suggested is drastic; but in its ironical exaggeration of expression may be detected a tone of contemptuous impatience which is very galling to members of the profession who are in no wise responsible either for the scandal or its perpetuation.

RHUBARB.

It is not generally known that the first European since Marco Polo to see medicinal rhubarb growing was General Prejevalsky, whose death was recently announced. This eminent Russian traveller found *Rheum palmatum* growing luxuriantly on the eastern slopes of the great Tibetan plateau, where the climate is moist. The plant grows best at an elevation of 10,000 feet, preferring the ravines with a rich loamy soil and a northern aspect, where it attained a height of from seven to ten feet.

The sudden death of Dr. W. H. Barlow, of Manchester, best known for his writings on infantile palsies, occurred just before Christmas.

Mr. Timothy Holmes, who retired from his post of Surgeon to St. George's Hospital last summer, was recently presented with a silver bowl by thirty of his former house surgeons.

Hypophosphite of lime is very useful in chronic catarrh of the air passages. It is also of value if taken at the commencement of a "common cold in the head," and occasionally helps to cut it short.

℞ Calcii hypophosphatis gr. x to xv
Spiritus chloroformi . . ℥ viij
Tinct. cardamomi . . . . ℥ xij
Aq. camphoræ . . . . . ʒ j
M. Fiat mist. t. d. s.

A glycerine clyster, it is now very generally known, is an extremely convenient, cleanly and apparently harmless method of emptying the rectum. Dr. Kroel, of Hamburg, has improved on the method by using suppositories made of cocoa butter and enclosing the dose of glycerine. Dr. Greenock, of Brighton, finds that a small piece of absorbent cotton soaked in glycerine is as effectual and more simple. Another correspondent of the *British Medical Journal* has found suppositories of glycerine and gelatin effectual, and they are certainly very clean and "elegant."

DAWSON WILLIAMS.

Suppositories of gelatine and glycerine are recommended for constipation. They have been tried here several years ago, and did not succeed; the mass becoming insoluble in a short time.

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SOCIETY NOTES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, January 3d, 1889.

DR. THOS. M. DRYSDALE in the chair.

DR. H. A. KELLY exhibited the specimen of a

Carcinoma of the Corpus Uteri.

Mrs. F., aged 45 years, married, applied to him in October, 1888, for the relief of persistent uterine hemorrhage. She was the mother of two children, twenty-three and nineteen years ago. Her health was always good until 1886, when the present trouble began, as if her menstruation was appearing too frequently. The discharge soon became constant. The only impression made upon her general condition was a marked anæmic sallow cast of the skin. Aside from this she suffered from an agonizing pain in the right ovarian region. The uterus was anteflexed, very large, measuring 3¾ inches in length, choking the pelvis, emitting a sanious, fetid discharge. She was admitted to the Kensington Hospital, and a handful of debris looking like a sloughing fibroid removed by scraping. This proved to be cancerous; and in the presence of Drs. D. Emmett, Vanness and Gramm, assisted by Dr. H. Robb, he removed the uterus by vaginal hysterectomy. On account of the severe pain she had felt since February last, and the impossibility of outlining the structure in the choked pelvis, he feared some infiltration into the broad ligaments, a contra-indication to vaginal hysterectomy. He therefore made a preliminary exploratory abdominal incision, passed his finger in carefully, explored the pelvis, found it free, got his bearings for the subsequent operation, and closed the incision in ten minutes. The operation was done with great difficulty, owing to the great size of the uterus. The worst bleeding came from the incision in the vaginal walls. The tissues above this were tied up in small bundles with silk ligature. He tried to follow the plan advocated by his friend Dr. Dudley of Chicago, of clamping the vessels; but the uterus was too large and he could not introduce his finger and fix the clamps at the same time. The right side was freed first, the uterus delivered, and the left side pulled without the vagina, and the left broad ligament tied off, and a uterus freed the size of a three months' pregnancy. The vagina was packed with iodoform gauze, which was removed in a few days. The ligatures did not all come away until several weeks had elapsed. Her recovery was interupted by a variety of curious complications which it would take too much time to describe. It could be noticed that the uterus exhibited the specific difference between cancer of the corpus and of the cervix uteri. When first removed the inner surface of the uterus was covered with a greenish, very stinking slime. The whole mucosa of the body was a mass of polypoid excrescences of variable size. The uterine ends of the tubes were not affected with the disease, nor was the cervix.

OVARIAN SARCOMAS.

Dr. Kelly also exhibited two large sarcomatous ovaries removed from a woman 43 years of age. She had a marked cachectic appearance, suffered with knife pains in the lower abdomen and had had metrorrhagia for sixteen months. He found two large irregular masses in her abdomen, which were obscured by fluid in the peritoneum. The uterus was jammed against the symphysis. At the operation, after tying off a number of omental adhesions to the right mass, it was found to be a soft friable tumor with a sessile attachment involving the whole broad ligament. The tumor broke down and bled profusely upon raising it. The broad ligament was quickly tied off by an interlocking series of interrupted sutures. The lateral wall of the uterus continued to bleed actively, and he had to resort to a device which has saved lives for him on several occasions. The corpus uteri was caught in a pair of bullet forceps and raised forcibly up into view and carried over to the left side, while he passed a stout ligature in the cervical region deep through the uterus with a view of tying the uterine artery. This checked the hemorrhage. The tumor behind the uterus came out in handfuls, leaving a bare left broad ligament which was treated in the same

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way as the right, including the ligature to the uterine artery. A drainage table was left in and the incision closed. Five hours later he was called to see her and found a steady venous flow from the tube, which had saturated all the dressings. He put her under chloroform at once, placed the operating table directly under a side gas-light and cut all the stitches, turned out the intestines and found an active flow from a spot in the right pelvic wall. She made a good recovery as far as the local trouble was concerned, but a mass at the pylorus leaves room for suspicion that the disease in the pelvis was not the only focus. The tumors proved to be soft, round celled sarcomata. This is the second case of sarcomatous disease of the ovaries he has operated upon. The first was a young girl of twelve. Both cases recovered.

Dr. William Ashton exhibited a specimen of

OVARIAN SARCOMA.

Mrs. Sarah G., age 35 years, was admitted to the Jefferson Hospital on the 27th of last November. Puberty at 15 years; always regular, except when pregnant, up to two years ago, when her last child was born. At this time noticed a small tumor in hypogastric region and to the right side. During the first year the growth was slow; after which it increased rapidly in size. She had lost a great deal of flesh, and was much emaciated. A diagnosis of ovarian sarcoma was made by Prof. Parvin. Through Dr. Parvin's kindness he operated on the woman a few days later, assisted by Dr. Baldy. The tumor was found to fill the whole abdomen, and was universally adherent. Many of the adhesions had to be tied. When the mass was removed it was found that the whole posterior portion of the bladder and the anterior portion of the uterus, as well as the fundus, had been adherent to it, and these points of adhesion oozed freely. Ligatures and Monsel's solution were used freely and the bleeding stopped. The whole cavity was then thoroughly irrigated with warm water and the incision closed, with drainage. She died in six hours of shock. An examination of the specimen by Dr. Coplin shows it to be a spindle celled sarcoma, with points of beginning degeneration and some points of slight hemorrhage.

OVARIAN CYST.

Dr. Wm. S. Stewart exhibited the cyst of an ovarian tumor, weighing 84 pounds.

The operation was performed upon Mrs. ——, age 61 years. General health good; no marked emaciation; abdomen enormously distended; facies ovarianæ very perceptible. He made an incision about two inches in length; the sac was emptied rapidly by a large trocar; found general adhesions to the anterior abdominal walls. These were separated by a rapid sponging off, a means which has proved of advantage in preventing hemorrhage and traumatism. The cyst was delivered as the adhesions were sponged off. Operation lasted forty minutes. No irrigation; no protrusion of bowels or omentum; slight oozing; glass drainage tube; only five stitches needed to close incision; weight of sac and contents was eighty-four pounds. He was assisted by Drs. Joseph Price, W. H. Kirk and Dill. Having seen the patient on the three succeeding days, hs found everything progressing favorably. Temperature, normal; pulse, 84; respirations, 22; oozing about ceased; drainage-tube removed to-day.

Dr. J. Price read for Dr. R. Stansbury Sutton, of Pittsburg, the following:

CONGENITAL DEFORMITY.

Miss A. P., aged 20. Never menstruated; has severe pain in lumbar region, abdomen and head every month, but no flow. Vagina short; cervix uteri not felt anywhere; no uterus discoverable by bi-manual palpation through the rectum; often vomits; is unfit for work; is melancholy. Laparotomy, Dec. 10, 1888. Uterus unilateral; one horn, half inch long, as thick as the first joint of the little finger. On the left side uterus is not developed; no ligamenta lata, no tube, no ovary. On right side small ligament lata; large tube and full sized ovary, with two distended egg cells on surface. Ovary and tube removed close to cornea of the one-half uterus. The external genitalia were fully developed; the vagina about one-half ordinary depth, and blind at upper end. A note from Dr. Sutton, dated January 1, says: Miss P.

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has gone home well; all of her morbid symptoms, mental in character, are gone. He adds that he has had thirty-four consecutive ovarian operations, with one death; and twenty-seven sections for all kinds done with one death. All hospital work.

Dr. C. P. Noble read

A NEW METHOD OF DIAGNOSIS IN OBSCURE CASES OF ENTERO-VESICAL FISTULA.

He had been recently asked by Dr. C. M. Wilson to see a patient supposed to be suffering from fistula. It was not his purpose to report the case in full. Briefly, the woman had what is called an ischio-rectal abscess about five years before. Sometime after this abscess had discharged, she stated that she began to pass wind and small pieces of fæcal matter *per urethram*, at irregular intervals. No symptoms of bladder irritation existed. An extensive cicatrix following ulceration produced by a pessary, is present in the vagina. It extends along both sides of the vagina and across the posterior fornix (behind the cervix). In view of the absence of bladder irritation and the well-known haziness of the knowledge of anatomy possessed by the laity, it was thought likely that if the fistula did exist it was a recto-vaginal fistula. A careful examination under anæsthesia by touch and sight made by Drs. Wilson, Hawley, himself and others, failed to demonstrate the existence of any fistula communicating with the vagina. But two conclusions could be drawn: Either the woman was right or else she was a malingerer. The latter seemed probable from what was known of her. It was suggested that a careful and extended study of the urine, made with the microscope, might determine the diagnosis—particles of vegetable fibre, or seed of small fruits, might be found. This plan involved much labor and time. It occurred to him that the hydrogen gas test would settle the matter quickly and positively. It was suggested that it be employed. This recommendation was accepted and followed the next day. Dr. Wilson forced the gas into the rectum and lighted the gas at the end of a catheter, introduced into the bladder. Dr. N. was unable to be present at the time, but Dr. Wilson told him that no gurgling sound was heard (caused by the gas passing the ileo-coecal valve), hence it seems plain that the communication exists between the bladder and large intestine. Dr. Noble offered this as a new and valuable method of diagnosis in obscure cases of entero-vesical fistula; or, if you choose, a new application of Senn's hydrogen gas test.

Dr. C. M. Wilson reported a case of

LACK OF DEVELOPMENT OF THE FINGERS AND TOES IN A CHILD DELIVERED AT TERM.

The mother of the child applied for admission to the Philadelphia Lying-in Charity, November 29th, 1888. Upon examination she was found to be in active labor, and was immediately admitted to the lying-in ward. The membrane had ruptured, the amniotic fluid had escaped, and dilatation was nearly completed. The labor terminated naturally and with great rapidity, the second stage lasting but one hour. The woman was a primipara, married, a native of Philadelphia, and a house maid by occupation; age 25 years. She stated that she had experienced no fright or trouble during her pregnancy. She gave a very clear account of the members of her own and of her husband's family, and stated that no deformity had existed on either side for at least two generations. She made a rapid and normal convalescence from her delivery. The child weighed eight pounds, was fully developed, with the exception of the deformity noted. The deformity consists in a lack of development of the majority of the phalangeal joints of the fingers of both hands and of both feet; in the absence of the nails upon nearly every finger and toe and in the web-like folds of skin connecting several of the fingers of either hand together. The appearance of the constricting band on the right great toe would seem to give color to the idea that possibly the deformity was due to intra-uterine amputation. The fact that some of the finger-tips sloughed off after birth would seem to strengthen this supposition. He believed, however, that the deformity was due to lack of development. No history of syphilis

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on the part of either parent could be obtained.

ANNULAR HYMEN.

DR. J. C. DA COSTA did not think that "annular hymen" was so very rare. He had seen some cases, and among them one that was very marked. The woman had been married some two years, had been pregnant and had aborted at four or five months. Coitus was excessively painful, both to the husband and to the wife, and in the wife was frequently followed by attacks resembling epilepsy. The hymen was "annular," smooth, unbroken and elastic; grasping the finger when introduced like a firm rubber ring. Cutting the hymen cured all the trouble both of husband and wife.

DR. KELLY remarked that the condition of the hymen was a subject of much interest, about which many erroneous views prevailed. It was by no means uniformly ruptured by coitus. In other cases coitus alone was as capable as numerous pregnancies, in obliterating all traces of the hymen. He had made many observations and careful drawings of a number of cases, which showed a definite relation between a certain condition of the hymen and the severity of a preceding labor; that is where the vaginal outlet has been broken down with extensive laceration, the hymen remained *intact* except at the split posteriorly, being saved by the vaginal tear. On the contrary, the surest way of thoroughly destroying the integrity of the hymen was the equable all around dilatation of a *normal* labor. In a forceps case examined some months after labor, the hymen, elsewhere intact, was as cleanly cut into halves as a lacerated cervix. It is unquestionably, as Budin has shown, the pointing terminus of the vaginal canal.

PELVIC HEMATOCELE.

DR. HIRST finally read the following:

M. M., aged 39, widow; has had four children; youngest 6 years old. Six weeks ago the patient attempted to lift a heavy weight and was immediately seized with sharp pains in the left groin. This occurred just at the commencement of a menstrual flow, which was unusually profuse and painful. The bleeding had in fact continued until the present time (Nov. 8). On this day the woman came by a rather long horse car journey to the Philadelphia Hospital to visit her daughter, a patient in the wards; in the hospital she was suddenly seized with great pain and sank to the ground from weakness. She was carried to the medical wards, where an examination showed some form of pelvic or abdominal tumor. She was consequently transferred to the gynæcological floor. A vaginal examination showed a mass of considerable extent to the left of the uterus and apparently a cystic tumor in Douglas's pouch. Laparotomy was done the next morning. As soon as the peritoneum was cut through, there rolled out of the opening a large quantity of dark colored blood. The incision was enlarged, the intestines turned out and wrapped in a warm towel, a pint or more of blood sponged out and a careful examination made by inspection and touch. The left broad ligament was distended by a tumor made up, as far as he could tell, of clotted blood; near the uterus there was a ragged opening into which he could put the tip of his little finger. During the half hour the abdomen remained open there was no hemorrhage from this spot, and had evidently been none recently, for there was no fresh blood in the abdominal cavity. His diagnosis, naturally enough, was ruptured tubal pregnancy. As the embryo, if one existed, was too small to give future trouble and would be absorbed, he simply cleaned the abdominal cavity, picked adherent clots off the intestines and closed the wound without drainage. The convalescence was entirely favorable. He has been inclined since to alter the diagnosis. The woman, on close questioning, absolutely denied the possibility of impregnation. This fact, together with the history of great muscular effort at the beginning of a menstrual period and the subsequent behaviour of the patient, would naturally suggest the possibility of a rupture of a blood vessel in the broad ligament. The acute attack of pain and weakness two days before the operation might be explained by a rupture of the peritoneal covering of the effused blood

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every 24 hours, which is tolerably free from mucus, pretty clear when first passed, but upon cooling, throws down quite a lot of earthy phosphates, which appears as a thick cloud at the bottom, the lower layer being of a light chestnut brown, and the upper a very light pink. This all disappears when the urine is boiled, leaving perhaps a trace of albumen. A drop or two of nitric acid in the heated urine causes a brisk effervescence and leaves it a rather deep brown color.

I hope that the calculus has finally made its way into the bladder, as the sudden cessation of the long continued pain would indicate, yet, I may be mistaken, as I have no positive proof of its arrival in that organ.

Since writing the above (within the past hour), I have received a call from Mrs. L. to come in haste, as she was suffering great pain. Upon my arrival at her bedside, I found that she was, indeed, in great agony. Her pain, which had come on an hour or so before my arrival, was as near as I could locate it, about or near where the left ureter enters the bladder, and in the bladder also. The nature of the pain was the same that she has been suffering, but more in the bladder than heretofore. I shall again explore for stone at the earliest opportunity.

Troy, Mo. J. A. Ward.

[In a case of renal calculus we recently obtained unexpected relief from the use of salol; five grains four times daily.]

REVIEWS AND BOOK NOTICES.

Studies in Pathological Anatomy. By Francis Delafield, M.D. Vol. II, Part 3. Acute Bright's Disease. Plates XL–LXXXII. November, 1888. New York, William Wood & Co. Price, $3.50.

Twenty-eight pages of descriptive text accompany the plates. The author divides acute Bright's disease into three classes, namely: Acute exudative nephritis, acute degeneration of the kidney, acute diffuse nephritis. Of the first he distinguishes three forms: A mild one, leaving no lesions after death; a severer form, leaving inflammatory changes, and a form characterized by the excessive production of pus cells.

Of the plates, Nos. XL to L are from normal kidneys; LI to LIV illustrate acute exudative nephritis; LV, casts of same form; LVI and LVII, excess of pus cells; LVIII to LXIV, forms from septic fevers, showing changes in the glomeruli; LXV to LXXV, acute degeneration in various diseases and in poisoning; LXXVI to LXXXII, acute diffuse nephritis.

We cannot avoid expressing our surprise that the author and publisher of this valuable work should allow it to go to press with such a blunder as the tautology at the top of the pages.

Medical Jurisprudence and Toxicology. By John J. Reese, M.D. Second edition, revised and enlarged. Philadelphia, P. Blakiston, Son & Co. 1889. Price, $3.00, cloth, pp. 646.

This edition has been carefully revised, much of it rewritten and brought up to the present day. The most important additions are in the chapters on blood stains, suffocation, ptomaines, and malpractice, and in the department of toxicology. The work is written as a text-book for students, and fully meets the requirements of that class.

The Pathology, Diagnosis and Treatment of the Diseases of Women. By Graily Hewitt, M.D. London, etc. New American, from the fourth London edition. With 236 illustrations. Edited, with notes and additions, by H. Marion Sims, M.D. New York, E. B. Treat. 3 volumes, each $2.75.

The book has some points of peculiar interest. It insists on better nutrition; it advocates the mechanical pathology of some forms of uterine disease, but not of all; thus avoiding the Scylla and Charybdis upon which so many gynæcologists come to grief. It gives us a rational theory of the vomiting of pregnancy, looking upon it as a reflex neurosis, caused by some mechanical uterine disorder, which should be detected and remedied. Really, this has a ring of common sense about it, which is quite refreshing after the empiric drugging which so often takes the place of observation and thought.

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The illustrations of uterine displacements and their correction by pessaries are unusually clear and distinct; many of those representing the uterus being of life size.

The Archives de Physiologie, Normale et Pathologique, comes to us as a bulky volume of 368 pages. It is the successor of the *Journal de la Physiologie* founded in 1858, by Brown-Séquard, and since carried on by him with Charcot and Vulpian. The abundance and diversity of the materials, the recent development of anatomo-pathology and the growing importance of microbiology, have determined the creation of a new scientific organ devoted to the latter two subjects. M. Charcot takes charge of these, while M. Brown-Séquard continues to preside over the present Archives, assited by MM. Dastre and François Franck.

Among the original papers in the present volume we note as of special interest, one by Brown-Séquard upon Inhibition, its field in physiology, pathogeny and therapeutics; one on partial innervation of the muscles, by Chauveau; on the influence of the ocular muscles upon the shape of the cornea, by Leroy; and on the relations between the form of electric excitation and the neuro muscular reaction, by d'Arsonval.

Besides eighteen original papers the volume contains a historical and critical resumé of recent discoveries and doctrines, a bibliographical section and an analysis of recent English, German, Italian, Belgian and French periodicals.

DOSE AND PRICE LABELS of all the Drugs and Preparations of the U. S. P. of 1880; with many Unofficinal Articles; with an Appendix of New Remedies. For the use of Pharmacists, Physicians and students. By C. L. LOCHMAN. Third Edition, Revised and Enlarged. Phila.: Dunlap & Clarke, 1889. Paper, $1.25; cloth, $1.50.

Mr. Lochman is the translator of the German Pharmacopœia, and has contributed other work of value to the profession of pharmacy. His book of labels has now reached its third edition, which insures the correction of any errors which might have appeared in the first edition, allows for the newer additions to our resources, and testifies to the popularity of the work.

CHEMICAL LECTURE NOTES, by Peter T. Austen, Ph. D., F. C. S., etc. New York: John Wiley & Sons.

The author states that this is a collection of notes on topics which, as his experience as a teacher has shown him, often give the student trouble. While it does not profess to be in any way a complete work on chemistry, or even to cover the whole ground, it is a pretty good little book, and contains a good many useful hints. For that reason it is a pity the author did not make it more comprehensive and systematic.

THE PHYSICIAN'S HAND BOOK FOR 1889. By W. & A. D. Elmer. N. Y.: W. A. Townsend Publishing Co., 1889.

The authors claim that this is the most complete pocket reference-book and diary in existence. An annual which has reached its 32d year of publication ought to be of value, or if not, the profession is very slow in finding it out. The tables are quite extensive and valuable; but the list of remedial agents is wofully deficient; not even including antipyrin or antifebrin, to say nothing of phenacetine or sulphonal.

PAMPHLETS.

Report of the Surgeon-General of the Army. Washington, D. C., 1888.

Sixth Biennial Report of the Illinois Eastern Hospital for the Insane, 1888.

Science in Medicine. By Horace N. Mateer, M.D. Wooster, Ohio.

Pulmonary Consumption Considered as a Neurosis. By Thomas J. Mays, M.D., Philadelphia.

Nervous Affections Following Injury. Pos-Hemiplegic Disturbances of Motion in Children. By Philip Coombs Knapp, M.D. Boston, Mass.

PHENACETINE—BAYER. The New Antipyretic and Antineuralgic, etc., etc. W. H. Schieffelin & Co., N. Y.

DISEASES OF THE NOSE AND PHARYNX AND THEIR TREATMENT. By W. CHRISTIAN, M.D. Louisville, Ky.

TWO CASES OF GUN-SHOT WOUNDS OF THE ABDOMEN, illustrating the use of Rec-

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tal Insufflation with Hydrogen Gas as a Diagnostic Measure.

INFLATION OF THE STOMACH WITH HYDROGEN GAS IN THE DIAGNOSIS OF WOUNDS AND PERFORATIONS OF THIS ORGAN, etc., etc. N. SENN, M.D., Ph. D. Milwaukee.

EXPLORATION, TREPHINING AND PUNCTURE OF THE BRAIN, almost to the Lateral Ventricle, with description of a proposed operation. W. W. KEEN, M.D., Philadelphia.

THE PHILOSOPHY OF MEMORY. By D.T. SMITH, M.D. Louisville: John P. Morton & Co.

"Thirty-eighth Annual Report of the State Lunatic Hospital," Harrisburg, Penna.

"Twenty-fourth Report of City Hospital," Boston.

"Preliminary Report of an Operation for the Formation of an Artificial Pupil through the Sclerotic Coat of the Eyeball." By George Strawbridge, M.D., Philadelphia.

EXPERIMENTAL RESEARCHES RESPECTING THE RELATION OF DRESS TO PELVIC DISEASES OF WOMEN. By J. H. Kellogg, M.D.

PLACENTAL DEVELOPMENT. The Histology and Surgical Treatment of Uterine Myoma. The Climate of the Southern Appalachians. By Henry O. Marcy, M. D., Boston, U.S.A.

DISEASES OF THE NOSE AND PHARYNX: Their Treatment. By W. Cheatham, M.D., Louisville, Ky.

ALPINE WINTER IN ITS MEDICAL ASPECTS: with notes on Davos Platz, Wiesen, St. Moritz and the Maloja. By A. Tucker Wise, London: J. & A. Churchill, 1888.

This edition contains the matter previously published in the Alpine Climate Series, with extracts from other papers by the author. In addition to the portrayal of the advantages of these resorts, the author has not forgotten to speak of the "draw-backs" which so materially alter the conditions.

TRANSACTIONS OF THE AMERICAN OTOLOGICAL SOCIETY.—Twenty-first Annual Meeting, New London, Conn. Published by the Society.

DIGEST OF THE MORE IMPORTANT PUBLICATIONS ON SULFONAL-BAYER. The New Hypnotic. W. H. Schieffelin & Co., N. Y.

ABSTRACTS.

TREATMENT OF XANTHOMA PALPEBRARUM.

DR. E. STERN, of Mannheim, recommends the application of 10 per cent. corrosive sublimate dissolved in solution to the parts. A gray excoriation forms on the following day, which falls off and soon heals over. Under this action the color of the xanthoma disappears, and the same natural fleshlike tone of color as the neighboring parts appears. —*Berliner Klinische Wochenschrift.*

ON THE USE OF CREOLIN IN EYE DISEASE.

DR. RICHARD GRUNHUT, in the *Prag. Med. Wochensch.*, 39–88, reports that after a long trial with creolin in one per cent. emulsion and in one per cent. ointment of vaseline, for the different affections of the lid, conjunctivæ, cornea and lachrymal apparatus, has concluded that this remedy does not deserve the reputation that has been given to it. and in the treatment of these diseases is not to replace the other well known disinfectants and astringents. An important objection to the use of creolin is the great pain and burning it creates, which lasts for some time after it has been put into the eye. Really it is so painful that it is difficult to get patients to permit a second use of it without the previous instillation of cocaine. As iritis is a dangerous complication in all forms of keratitis, creolin is contraindicated on account of the severe irritation it creates. He found creolin ointment did very well in cases of blepharitis where there was great excoriation with secretions, on account of its astringent properties, as well as antiseptic qualities, but still he says that it is no better than the Pagenstecher ointment of yellow oxide of mercury. In simple catarrhal conjunctivitis he did not find it as serviceable as the nitrate of silver solutions. He thinks that creolin plays but a very low role in the treatment of diseases of the eye.—*Deutsche Medizinal Zeitung.*

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AURAL FURUNCLES.

LOEWENBERG recommends the use of a saturated alcoholic solution of boracic acid, which is allowed to remain five to ten minutes, and is repeated as often as is deemed necessary. In cases of women who are annoyed by these boils at the menstrual epochs, the same solution may be used for a week previously as a prophylactic.

MELASMA.

DELLI' ORTO (*N. O. Med. & Surg. Jour.*) relates a case in which a midwife rubbed laudanum upon the abdomen of a parturient woman, and the skin at once turned black and became the seat of great pain. There was no ulceration, nor external sign of injury. The color gradually faded, disappearing at the end of a week.

GLYCERINE ENEMATA.

RICE (*Practitioner*) relates several cases of diarrhœa and rectal prolapse, occurring separately or together, in which great benefit resulted from the use of small glycerine enemata.

In two cases of pneumonia, the diarrhœa, which threatened to prove fatal, was promptly checked by the same means. All the cases quoted were of children four to seven years of age.

OPIUM POISONING.

GIBSON (*Practitioner*) sharply criticizes the method of treating opium narcotism by walking and flagellation, as tending only to exhaust the patient's vitality. Alcohol also aids the action of narcotics.

He recommends keeping the patient lying down; and if there be the least sign of irregularity or shallowness or inequality of breathing, he injects hypodermically $\frac{1}{100}$ to $\frac{1}{60}$ grain of strychnine, repeated hourly, as needed. If the respiration still becomes feeble or ceases, he employs Sylvester's method of artificial respiration, until the heart has ceased to beat for half an hour or the patient is restored. Strychnine may be aided by ammonia or ether, or, if there be spasm of the arterioles, by nitrite of amyl.

ELECTROLYSIS IN ENLARGED PROSTATE.

Electrolysis, while applicable to all strictures of the urethra, is of permanent benefit in many of the morbid alterations of the prostate. It has an anæsthetising influence upon the terminal nerves at the point of application; it aids in overcoming spasmodic stricture of the prostatic urethra, in early relaxation of spasm by muscular exhaustion following the continued overstimulation; it seals the distention and relaxation by natural reproductive processes; it excites absorption and relieves the patient.—DAVIS, in *Medical Register*.

PERCEVAL (*Lancet*) reports 24 cases of laryngismus stridulus treated by antipyrin (two grains every two hours) with great success.

For dysentery, enemas, one drachm of alum to a pint of cold water, p. r. n. —WEATHERBY, in *K. C. Med. Record*.

An interesting series of observations has been made at the Medico-Chirurgical Hospital, with the view of determining which of the antipyretics in common use gives the most equable temperature in chronic pneumonic phthisis.

THE NEW BUILDING OF THE MEDICO-CHIRURGICAL AND PHILADELPHIA DENTAL COLLEGES.

On January 27 the new college was opened with simple but impressive ceremonies. The great clinical amphitheatre was crowded with visitors; while an overflow meeting of those who were unable to obtain entrance was held in another room. Rev. Dr. Hemphill opened the exercises by reading the parable of the Good Samaritan. This was followed by a prayer by the Rev. Dr. Dickey. The architect, Dr. Flagg, then made a brief address, presenting the building to the trustees. He spoke in warm terms of the support given him by his colleagues of the building committee, Drs. Dorr, Shoemaker and Montgomery. The latter, finding Dr. Flagg so deeply interested in the work that he gave his whole time to it, generously resigned to him the salary ($1000) voted as his compensation. This sum, however, as well as the same amount voted to himself, Professor Flagg expended upon the building in luxuries and comforts which were not included in the estimates.

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Dr. Garretson was then compelled to face the difficulty of calling upon the Presidents of the two colleges to respond. Which should be called first? He transferred the problem to the two officials by introducing Ex-Governor Pollock and Professor Pancoast collectively. Then ensued a very amusing scene, as each endeavored ineffectually to compel the other to precede him, while the house fairly shook with the thunders of applause and roars of laughter. Superior strength prevailed, and the Governor was urged to his feet. But he showed that age has not as yet abated the keenness of his intellect, and that he was fully equal to the situation. He remarked: "Gentlemen, it is with pleasure I now introduce to you my distinguished colleague, Professor Pancoast," and sat down amid redoubled cheers.

Dr. Pancoast thereupon made one of his best speeches, ringing with that captivating enthusiasm which characterizes him. He presented Dr. Flagg $500 from the two colleges, not as in any way repaying him for his great services, but simply as a mark of affectionate esteem. He also presented Dr. Flagg with a gold-headed cane, a souvenir from the medical faculty. The walls of the room also showed a portrait of Dr. Flagg, presented by the students of the dental college.

On behalf of the dental college, Governor Pollock then gave one of his neat little addresses. The Governor has the happy faculty of saying the right thing in the right way.

Colonel McClure then gave the dedication address in his happiest vein. Men who have heard the eloquent orator for many years freely expressed the opinion that this was the finest address he has ever given.

We regret very much that we are unable to lay this address before our readers; but we understand that it was impromptu. The Colonel spoke of the need for a high standard in medicine, and adverted to the fact that this college had begun at the top. He did not believe that legislation could elevate the standard, as the stream cannot rise higher than the source.

Mr. Dearden, General Gobin and Mr. Riter followed with brief and pleasant speeches. Dr. Newman simply wished the new college "good luck," a sentiment in which all present heartily joined. Dr. Dickey then pronounced the benediction.

Among the visitors we noticed Director Wagner, Mr. Frank Siddall, Mr. D. T. Pratt, Judge Waugh, Drs. Kirk of Doylestown, Richards of Fallsington, Cooper of Montgomery county, Altman, Levick, Flick, Captain Clay, Mr. Hickman of Chester County, Rev. Dr. Wiley, and many others.

In his address, Professor Pancoast paid a glowing tribute to the ladies of the Board of Managers, who have made the hospital celebrated thoroughout the State for the home comforts with which the patients are surrounded. He also spoke of the latest accretion to the closely allied group of institutions which is making this quarter of the city a great educational centre. The Polytechnic College has purchased property adjoining that of the other colleges, and its management is in harmony with them. Between the Polytechnic, the Philadelphia Dental and Medico-Chirurgical Colleges, and the Hospital, there is held a very valuable property, in real estate and material; sufficient to dissipate at once all thought of a lack of permanency in these institutions. There is a terse but truthful saying, "money talks;" and an investment of over $200,000 indicates the belief of the founders that the future of this great educational combination is secured. The union of these various elements may also presage the course of future development, which point to their consolidation into a new university.

This new college building is located on Cherry Street, between Seventeenth and Eighteenth Streets, and is a substantial structure of fifty feet front by one hundred and fifty feet in depth, with a varying elevation of from fifty to seventy-five feet.

The building is of brick, with iron cornice, and its plain symmetry, with but slight attempt at architectural adornment, indicates that solidity and utility held prominent place in the intent of the design, while the varied needs of the extended educational work for which it has been constructed were

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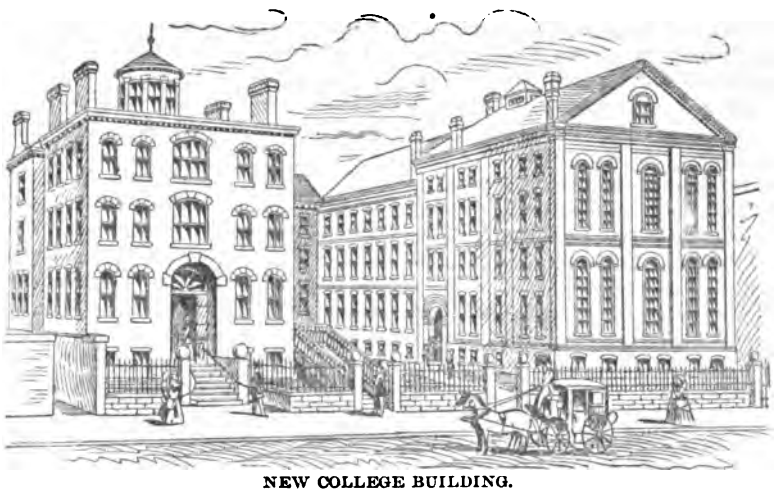

NEW COLLEGE BUILDING.

ever foremost in the minds of its projectors.

In its rear it joins with the buildings occupied by the Medico-Chirurgical and Oral Hospitals, thus affording complete opportunity for practical instruction in medical, surgical, and dental diseases.

Upon entering through the high arched doorway, the impression given by the hall is very pleasing; the design is decidedly unique, and is a happy combination of richness with simplicity. It is effective, and yet so in harmony with ideal educational surroundings as to be eminently satisfactory.

The walnut newels, balusters and hand-rails contrast agreeably with the yellow pine finish of the stairs and panelled wainscoting of the vestibule, halls and stairways, and a result has been attained upon which the designer and superintendent of construction (Prof. J. Foster Flagg, D. D. S.) may well be complimented.

The building contains three large lecture rooms, capable of accommodating graded classes of over seven hundred students.

These rooms are well lighted and ventilated, and are furnished with folding opera chairs of novel pattern, with the view to ensuring more than ordinarily satisfactory sitting. This feature can best be appreciated by those who have sat through three long terms on hard benches. In all the arrangements of the building the comfort of the students has been evidently considered. A fine, elegantly lighted and ventilated dissecting room is so arranged as to afford every facility for work in its direction. Its roof is fairly glazed with sky-lights, and it is floored with the best Neufchatel asphaltum cement.

The museum is a "gem" in its way; the beautiful cases are well worthy of the extensive and complete combined collections of the two colleges, which, enriched by the rare and valuable anatomical and surgical contributions of the distinguished Profs. Joseph and William H. Pancoast, form an inexhaustible resource from which to draw illustrative material for anatomical, physiological, histological, pathological, surgical, medical, dental, chemical and philosophical demonstrations.

The chemical laboratory is large, well furnished, and abundantly supplied with all modern appliances for instruction in this most useful, and indeed, fundamental department of scientific education.

The histological laboratory is a large, well-lighted apartment, fitted with fifty microscopes.

The operative and mechanical clinic rooms of the Philadelphia Dental College, which have been largely increased in size and completeness by the additions afforded in the new building, are now, by far, *the finest in the world.*

The mechanical laboratory is furnished with benches for accommodating, separately, more than three hundred students, and with all the necessary adjuncts for practical work in response to professional demand.

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The operative dental clinic room is one hundred and sixty feet in length; is lighted by forty windows and is capable of accommodating sixty operating chairs. It is simply grand; and can only be appreciated by being seen.

The culminating feature of this new building is the clinical amphitheatre; a beautiful audience room capable of seating over five hundred persons, and believed to be the best lighted amphitheatre of its kind ever built.

In this will be given the medical, surgical and oral clinics of the two colleges—clinics which have already a world-wide reputation.

Besides the rooms mentioned, there are twenty-seven others in the building, which afford ample space for the business offices, professors' private rooms, bandaging and preparatory dissecting rooms, "material" rooms, janitor's room, three toilet rooms for gentlemen and one for ladies, and last, but by no means least, a large "class room" for mental and physical gymnastics.

We thus have the pleasure of congratulating the Medico-Chirurgical and Philadelphia Dental Colleges upon the enjoyment of their improved facilities, and of heralding the advent of another important factor toward the continued maintenance of the reputation of Philadelphia as *the great center* of medical and dental education in America.

REPORT OF EXPERIMENTS ON THE USE OF PHOSPHORUS AS A DISINFECTANT; MADE AT THE LABORATORY OF THE UNITED STATES MARINE-HOSPITAL AT THE PORT OF NEW YORK.

SIR: I have the honor to state that, in accordance with your instructions, I have made a series of experiments with the fumes of phosphoric pentoxide, in view of determining its utility and applicability for disinfection.

As a fact well known in chemistry, when phosphorus is burned in the air, phosphoric pentoxide is formed, it being a white amorphous powder, absorbing moisture with the greatest avidity, forming hydrogen phosphate, or phosphoric acid. On igniting phosphorus in a closed space or vessel, the amorphous powder falls in flakes to the bottom of the vessel, the powder never being longer in suspension than forty minutes after combustion is completed, an excess of phosphorus being used in each instance.

For the purpose of experiment a large wooden cask, 500 litres capacity, was used for exposing microörganisms and various substances in the fumes. At first the phosphorus was placed in the bottom of the cask and ignited, but it was found that the temperature at the top, where the microörganisms were placed, was 75° C. By subsequent experiment it was found that this could be overcome by suspending the vessel containing the phosphorus nearer the top of the cask, and covering all the contiguous surfaces of wood with asbestos board. By this arrangement the temperature of the air at the bottom never reached over 32° C.

Its effect on litmus.—1st series: Test tubes, 1 by 5 inches, having within considerable quantities of alkaline litmus paper in a moist state, were placed in the cask; some were left open, mouths upward; some were placed horizontally, and others suspended mouths downward.

2d series (four in number) contained moistened litmus paper, covered with 1, 2, 3, and 4 layers of filter paper respectively.

3d series (four in number) covered with 1, 2, 3, and 4 layers of flannel.

4th series, covered with 1, 2, 3, and 4 layers of muslin.

5th series, covered with 1, 2, 3, and 4 layers of thin film absorbent cotton. The materials used for covering these various test-tubes were thoroughly dried in an oven before using, and immediately after covering the tubes they were placed in the cask, thus overcoming, as far as possible, the amount of moisture that is constantly present in fabrics, and preventing absorption of the phosphorus pentoxide by the coverings.

Thirty-five grams of phosphorus was ignited and the cask hermetically sealed for 24 hours, and then opened. No change was observed in any of the tubes of litmus that were covered. In the series left open, those that were placed in a vertical position, and those lying horizontally, all the paper was acted upon by the phosphoric fumes.

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In those suspended mouth downwards, very little of the paper had changed color. All the external surfaces were covered with flakes of pentoxide.

The test-tubes that were covered were then taken and tested for presence of the acid, to ascertain if any had penetrated the coverings, but in no instance was it found.

As a control-experiment the tubes were placed under a bell-jar, and a small quantity of sulphur dioxide was thrown in, and in less than thirty seconds all the paper had been acted upon by the gas.

In another series of experiments, letters and newspapers having been sealed and perforated after the manner practised at the fumigating stations in the South, each containing in the middle a piece of litmus paper, were exposed to the fumes for 24 hours.

It was found that the fumes had acted upon the litmus to a very small extent around the perforations; in newspapers, where not perforated, no effect was noticed.

MICRO-ORGANISMS.

The microörganisms exposed to the fumes were: Anthrax, cholera Asiaticæ, cholera nostras, bacterium of yellow fever (Finlay), and typhoid.

All the cultivations of the above organisms were made in small flat dishes $\frac{1}{2}$ inch in depth and 3 inches wide, containing a film of agaragar $\frac{1}{16}$ inch in thickness. These were divided into several series, like those of the test tubes—

First series, left open.

Second series, covered with filter paper.

Third series, covered with muslin.

Fourth series, covered with flannel.

Fifth series, covered with absorbent cotton.

All were exposed for 24 hours, an excess of phosphorus being used.

On taking cultivations from the casks, all external surfaces of the dishes were covered with a layer of the amorphous powder.

In the series that were covered no effect was noted upon the growth of any of the microörganisms; subsequently, these were carefully tested for the presence of phosphoric acid, but not the slightest trace was found to have been present in the medium.

Those left open were covered with a great quantity of phosphoric acid, and all the organisms were found to have been killed.

Further experiments made in the same manner as the above were confirmatory throughout.

An attempt was made to force the fumes through cotton loosely packed in a tube 1 inch in diameter, using about 125 grammes pressure to the square inch, but no fumes could be detected. (This was readily accomplished by sulphur dioxide.)

The conclusions then are, 1st, that phosphoric pentoxide is a disinfectant to surfaces only; 2d, it has no penetrating power, and is altogether unfit for fumigation of anything where penetration of the agent is desirable.

From the foregoing, it was not deemed worth the while to pursue the subject further when it promised so little; therefore, no observation on the spores of different microörganisms was made.

I am, sir, yours very respectfully,

Jos. J. Kinyoun,
Assistant Surgeon M. H. S.

REMOVAL OF A RING FROM THE PENIS WITH QUICKSILVER.

About three o'clock on the morning of December 8th, P—— T——, aged 45 years, was brought to the Medico-Chirurgical Hospital by a policeman, who had found the man running wildly about the streets and stopped him. He said that he was very sick, and wanted a doctor.

At the hospital his penis was found to be enormously swollen and greatly discolored, as a result of congestion produced by a brass finger-ring placed on the organ four hours before, and which was deeply imbedded in it at its base. He was suffering greatly with pain in the penis, and from retention of urine in the bladder.

Attempts were made to reduce the size of the organ by pressure and the Esmarch bandage, but without success.

A small catheter was coaxed into the bladder and his urine drawn off, giving him great relief.

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The ring was then surrounded with metallic mercury, which formed an amalgam with it that could be broken through with forceps.

Upon its removal, the penis rapidly diminished in size and assumed a more natural color; evaporating lotions were applied, and by noon, although scarred and sore, the patient was considered fit to be discharged.

MANLEY F. GATES, M.D.
Resident Surgeon.

ABSTRACT OF ADDRESS*

BY WM. H. PANCOAST, A.M., M.D.

Delivered at the opening of the new building of the Medico-Chirurgical and Philadelphia Dental Colleges, Jan. 26, 1889.

Ladies and Gentlemen, Distinguished Guests—I have the honor to welcome you to-day, upon an auspicious occasion, of medical interest, for medical teaching of this city, and of this now great school, the Medico-Chirurgical College.

As President of the Honorable Board of Trustees of this College, I have the honor to-day to receive you, in association with our united organizations of the great Philadelphia Dental School, the Medico-Chirurgical Hospital, and also our conjoined scientific department, the Polytechnic College of Pennsylvania.

We are developing here a great university establishment, for the most perfect education in the medical art. We have the highest standard of education, a thorough and complete three years' course, with an additional fourth year, which we have instituted for advanced students and medical practitioners.

Each class is lectured to separately, and must pass a satisfactory examination on the studies of its year before the members of it can pass on to the next year, or the seniors be examined for the degree of doctor.

With our arrangement of this college building, its three lecture-rooms, and the twenty-seven private rooms, we can accommodate with these divided classes about nine hundred students, with this great advantage: as only about three hundred students will be in any one lecture-room at one time, each student can see and hear plainly what is taught him; a great desideratum, for a large class of six hundred or more cannot all see and hear equally well. In addition to this facility, as the genius of this Medico-Chirurgical College is not to seek for numbers of students, but to aim at perfect medical education, each professor, in his department, examines the students of his class frequently during the session, in his lecture-room, and also on special occasions, so as to see that they learn what they are taught; and at the end of the year every student is graded on his examination, and must pass the ordeal of the professor's critical examination before he is recommended to the next higher class.

* From advanced galley-slips from the *Medical Register*.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JANUARY 13, 1889, TO JANUARY 26, 1889.

By direction of the President, and in accordance with Section 1246, Revised Statutes, an Army Retiring Board is appointed to meet in this city, at 11 o'clock A. M., Thursday, the 17th day of January, 1889, for the examination of such officers as may be ordered before it. Detail for the Board: COLONEL JEREDIAH H. BAXTER, Chief Medical Purveyor, and MAJOR CHARLES R. GREENLEAF, Surgeon U. S. Army. Par. 2. S. O. 12. A. G. O. Washington, January 15, 1889.

LT. COL. CHARLES H. ALDEN, Surgeon, and CAPTAIN EDGAR A. MEARNS, Assistant Surgeon U. S. Army, detailed for duty on Army Retiring Board to meet at St. Paul, Minn, at the call of the President thereof. Par. 7. S. O. No. 10. A. G. O. Washington, January 12, 1889.

By the direction of the Secretary of War CAPTAIN BENJAMIN MUNDY, Assistant Surgeon, is relieved from duty at Fort Sisseton, Dakota, and will report in person to the commanding officer Fort Sully, Dakota, for duty at that port. Par. 2. S. O. No. 11. A. G. O. Washington, January 14, 1889.

LIEUTENANT HENRY S. T. HARRIS, Assistant Surgeon U. S. Army, will, upon the arrival of Acting Assistant Surgeon BOYER, proceed from Camp Pena, Colorado, to the Post of San Antonio, Texas, and report to the commanding officer for temporary duty. Par. 4. S. O. 1. Hdqrs. Dep't. of Texas. San Antonio, Texas, January 2, 1889.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JANUARY 6, 1889, TO JANUARY 12, 1889.

Leave of absence granted Major William E. Waters, surgeon, in S. O. No. 129, Nov. 9, 1888, Department of the Columbia, is ex-

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CLINICAL LECTURE.

PENNSYLVANIA HOSPITAL.

BY PROFESSOR J. M. DA COSTA.

One of the Attending Physicians to the Pennsylvania Hospital, etc.

Delivered January 5, 1889.

CASE I:—SPINAL HYPERÆMIA AND PARAPLEGIA, ASSOCIATED WITH POLYURIA.

GENTLEMEN:—This patient, 49 years of age, born in Ireland, occupies bed 14 in the Men's Medical Ward. He was admitted on the 22d of November, 1888, with loss of power in the lower extremities, so that he was entirely unable to walk. While lying in bed, he had some power of movement in the muscles of the legs, but he was unable to flex the thighs upon his body. His mental faculties were not affected, and we obtained from him the following history: In early life he became infected with syphilitic disease, not followed by secondary symptoms. About five or six weeks before his admission here, he caught a severe cold, which was attended by cough and expectoration. As he was recovering from this, he noticed that he frequently stumbled

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and his legs felt heavy; very soon afterwards he lost power in them so much that he was unable to walk or to stand upon them, and this was his condition when he entered the ward. We found upon examining him that his temperature was normal or a little below normal. Indeed, by looking at his clinical temperature record you will notice that during his stay in the hospital his temperature has not risen above the normal, and, on the contrary, is generally sub-normal. We found that sensation was not affected; that the loss of power was greater on the left side than on the right; that the knee-jerk and ankle-clonus were abolished in both legs; and that the functions of the bowels and bladder were not disturbed. The muscles responded to the Faradic current, though less actively than in health. There was no wasting of the extremities. He complained of passing attacks of weakness in the upper extremities, but this was not marked; indeed the upper extremities were only for a very short time and very incompletely affected. In the chest, with the exception of a few bronchial rales, nothing was noted. He was passing a large quantity of urine, from twelve to sixteen pints, in the twenty-four hours.

He soon improved after admission, and has gradually regained the use of his limbs. He now walks readily across the room and turns without any assistance; he can walk with his eyes shut and can stand with his feet in juxtaposition while gazing at the ceiling, without losing his balance. Upon testing the knee-jerk, there is faint response in both legs; but it is less strong this morning on the right side than on the left. His power of extending the leg in kicking is more evident on the left side than the right. I have told you that his intelligence was not affected; he tells us that taste, hearing, smell and sight are quite good. His eyes have been examined with the ophthalmoscope, and nothing abnormal has been detected. The special senses certainly have not been impaired.

Now what has been the matter with this patient that caused the loss of power in the lower extremities? The lesion was not in the brain; whatever it was, it was confined to the spinal cord, and I may say almost entirely to the lower half of the cord, in the lumbar enlargement, from which the nerves of the lower extremities arise. I conclude that it was not a meningitis, because (1) the onset was not sufficiently acute, (2) there has been no elevation of temperature, (3) there have been no painful spasms in the limbs, which so generally occur in the course of inflammation of the membranes of the cord; though it is fair to say he has had occasional cramps. Nor has he had myelitis, because the paralysis has not been complete, and he has retained control over rectum and bladder. From the manner of onset, occurring at a time when the system was debilitated by a cold, and from the course of the disease, I am led to the conclusion that he suffered with a congestion of the spinal cord, and that it was almost entirely restricted to the lower part of the cord. In this congestion, the membranes probably shared to a considerable extent, and this will account for some dull pains and passing cramps in the legs of which he at times complained.

Had this condition any connection with the polyuria? I think not. Upon questioning him, we learned that the large flow of urine was first noticed three or four months before the loss of power occurred; so that it could not have been produced by the spinal affection.

Among the prominent causes which give rise to polyuria we notice strong emotion, mental shock, fright, etc.; blows or injuries to the head; sunstroke; some morbid growth, or disease of the vessels, of the floor of the fourth ventricle, and the occurrence of some exhausting or febrile disease. In the case before us the cause is unknown. He denies having had any great mental anxiety or profound emotion; he has not had any injury to his head; he has not had a sunstroke; he has not had any prolonged or exhausting disease. We might assume that there is some change in the floor of the fourth ventricle, and ascribe syphilis as the explanation; but there are no signs of a tumor at the base of the brain, and in the absence of such signs our views would be merely hypothetical.

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With regard to his treatment, at first he was given the iodide of potassium (grs. x, three times a day), with daily friction and electricity to the muscles affected. Soon afterwards he was placed upon ergot (a half drachm of the fluid extract three times a day, subsequently increased to a drachm). Under this treatment, while his spinal symptoms yielded, the urine was reduced to twelve and then to ten pints; but that was all. We then gave him antipyrine (in five grain doses three times a day); but with the effect of slightly reducing the urine. He is now passing from eight to ten pints daily, and I propose giving ergot another trial, being careful to provide an active preparation of the drug. We will give him a drachm of the fluid extract four times a day. We can safely give these large doses since we have our patient constantly under observation, and can stop them at the first appearance of ill effects. If the ergot fails, I shall again resort to antipyrine, giving 7½ grains twice daily. No restrictions are placed upon his diet while under this treatment.

I have had better results in the treatment of polyuria with ergot than with any other drug. One of the latest of these successes occurred in my private practice in the case of a lady, who suffered with polyuria, the result of prolonged anxiety and exhaustion incident upon the serious sickness of one of her children. She was passing many times the normal quantity of urine, and when she came to me had used a number of remedies without any relief. I directed her to take ergotine pills, and also ordered some suppositories containing ergot. The result was so decided in reducing the quantity of urine that she of her own accord increased the dose, and used from twelve to sixteen grains of ergotine daily. As I only saw her when she came to my office—she lived out of town—I had little control over the case. She pushed the drug until she almost abolished the menstruation; she only had a very slight show, accompanied by a good deal of pain. She pushed it until she had numbness of the hands and feet, and had to have them rubbed at night; but she cured the polyuria. When she came to see me a few days ago she was in excellent health, and the urine had not exceeded the normal quantity for more than a month. The ergot had been abandoned for nearly that period.

CASE II: ABORTIVE TREATMENT OF ACUTE PLEURISY WITH DIURETICS AND DRY DIET.

This man, 41 years of age, was admitted only two days ago (Jan. 3). He stated that he had had a chill on the day before, followed by fever and pain of a very severe character at the lower part of the right chest, making it impossible for him to take a long breath, and checking his cough. He had a temperature of 102° on admission, and was very restless on account of the pain in his side, which was excruciating and increased by the slightest movement of his body. We found slight impairment of resonance over the lower half of the right lung, anteriorly, with feeble breathing—probably because he voluntarily checked respiration on account of the pain—and we also detected pleural friction at the end of inspiration.

I bring this case before you solely to show you the results of treatment. It is now the third day of the disease, and his temperature is normal. He can breathe without pain and he slept all last night without an anodyne. Upon percussing his chest this morning, I still find relative dullness at the right base, and some friction-sounds are still audible; but I can hear the vesicular murmur beneath and there is no effusion.

When he was admitted his right chest was thoroughly cupped, and a few ounces of blood were taken with two wet cups. He was given two grains of Dover's powder every two hours, with at first a mercurial, and then forty grains of acetate of potassium every two hours, or at the rate of an ounce a day. The object of this treatment was to act freely upon the kidneys and prevent effusion, and this was favored by restricting the amount of liquids given him. The chest was enveloped in cotton.

The result has been all that could have been desired. The patient is convalescent. If needed, he can have five grains of Dover's powder at night,

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although he slept very well last night without anything.

CASE III: EXTREME WEAKNESS AND CARDIAC DEPRESSION IN TYPHOID FEVER TREATED WITH COCAINE.

The patient now being carried in, a man about thirty years of age, was admitted early in December suffering with decided fever, which, during the first week of his stay here, ranged between 105° and 106° F. He had been taken sick a week or ten days before with fever, great prostration, and delirium. After his admission, we had no hesitation in pronouncing the case one of typhoid fever; although he never had any well-marked eruption upon the skin, we could only find one or two doubtful spots, and he never had any diarrhœa. His bowels were moved only once a day, or once in two days; but the stool was partly formed and partly like gruel, but it had the look of a typhoid fever stool. In spite of the frequent spongings of the patient and the administration of antipyrine (which we were afraid to push on account of his weak heart), the temperature continued high, though lowered by the sponging and antipyrine, and the patient's condition gradually grew worse. Without dwelling upon the daily details of the case, I will say that he was given whisky, twelve ounces in the twenty-four hours, and on the 12th of December, we put him upon a remedy which we had previously resorted to with good results in cases of failing circulation in typhoid fever, cocaine, of which he took $\frac{1}{6}$ of a grain every six hours for nearly a week, until Dec. 18th. During this time his temperature steadily fell and did not rise again above 102°, and his delirium gradually subsided, and his pulse gained in volume, while the first sound of the heart became more distinct. His general condition since then has changed for the better, so that his temperature is now normal, we may regard him as convalescent from a more than usually severe case of typhoid fever. The convalescence was protracted by a bed-sore. He took the cocaine for about twelve days, and at the cessation of the fever it was exchanged for iron.

ORIGINAL ARTICLES.

CHOREA

BY JOHN FORD BARBOUR M. A., M. D.
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So various and so inconstant are the pathological findings in chorea, that it must be regarded as a symptom group, rather than a distinct morbid entity, the term having quite as broad a meaning as "neurasthenia." or "paralysis." There must, however, be some general condition common to all the morbid processes producing chorea; otherwise it is inconceivable that such different causes should induce such a definite and unmistakable symptom group.

I believe that I have arrived at a generalization sufficiently broad to cover all the facts in the case, and yet not so vague as to be unproductive of practical results. And as an hypothesis is valid in so far as it satisfactorily explains the phenomena in question, after stating my solution of the problem, I shall make a detailed application of it to the facts in the case, and shall then take up some other matters of interest connected with chorea.

It will be necessary to state clearly the physiology of the nerve cells, as briefly indicated by Carpenter in his work on Mental Physiology. The action of these cells has been compared to that of a Leyden jar, which, when surcharged with electricity, discharges itself. So in the nerve-cells, when the tension of the nerve force rises beyond a certain point, an automatic discharge occurs, causing muscular contraction, when motor cells discharge themselves; or sensations, in the case of sensory cells.

This discharge of nerve force is brought about by flushing of the nerve-cells with blood through the vaso-motor nerves. As a consequence of increased blood supply, there is increased nutritive activity in the cells, the rapid rise of tension of nerve force, and its automatic overflow.

There are many things which render this theory highly probable. During mental activity there is recession of blood from the limbs. The surface-thermometer shows a rise of temperature over the region of the cortical

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motor areas during muscular exertion. Irritation of these areas by a fragment of bone, or otherwise, induces spasm of the muscles under the control of the irritated and doubtless hyperæmic center. Increased blood supply to nerve-cells increases their functional activity, which diminishes with diminished blood supply, and ceases with entire failure of blood supply. Dilated blood vessels, proliferation of connective tissue and other evidences of chronic congestion, are found in limited areas in the brains of paranoiacs. And, lastly, as active nerve cells certainly generate more nervous energy than those which are inactive, and as their only source of energy is the blood; we must conclude that there is a relative excess of blood supply to the active cells.

Now, in the normal brain the cells have a certain amount of storage capacity, which differs considerably in different individuals, and at different times in the same individual. There are many people who go off at half-cock, whose mental activity never rises above hasty reflex action. So, too, those who do not usually act so rashly may exhibit in moments of physical depression a tendency to react to slight stimuli, which would not affect them ordinarily.

In chorea there is an altered state of nutrition of the motor cells of the cerebro-spinal axis, by reason of which they lose in part their capacity for storing nerve-force, and discharge themselves prematurely.

It is highly probable that in the normal brain the cells are charged almost to the point of overflow; for the time required for mental action is so brief that the cells must need but a small increment of blood to produce a discharge. Owing to the lowered resistance to this discharge in the choreic cells, the normal, or even less than normal, amount of blood will keep up a perpetual fusilade of nerve force.

To illustrate my meaning by a simple simile: the safety-valve on a boiler has an arm upon which there hangs a movable weight. The nearer the weight is o the valve, the lower the pressure o which the steam can rise until it scapes. In chorea the weight is moved up nearer the valve, as it were.

It should seem that this alteration of nutrition may affect the ganglionic cells of the entire cerebro-spinal axis, or may be limited to those of the motor area of the cortex, or of the basal ganglia (Kirkes, Broadbent, Aitken, Hughlings-Jackson, *et als.*), or of the spinal cord (Chauveau, Carville, Bert, Legros, Onimus, Wood).

The investigations of Kirkes, Hughlings-Jackson and others established the fact that all tangible evidence of disease is often found in the corpora striata and the optic thalami; but it is equally certain that these ganglia are not the only seat of the disease. Marchi has shown that ganglionic cells are found in both corpus striatum and optic thalamus; so that the old theory that the former was associated with the function of motion, and the latter with that of sensation is no longer tenable.

Chauveau divided the spinal cord close up to the skull in dogs with general chorea, and found that the choreic movements persisted until the death of the animal several hours after.

Legros and Onimus announced, as the result of various experiments, that the nerve-cells of the posterior cornua, or the nerve fibres which unite them with the motor cells, are the seat of chorea.

Wood concludes that the basal lesion in the spinal cord of choreic dogs is a peculiar condition of the ganglionic or multipolar cells. He is followed in this by Victor Horsley and Prof. Putnam, of Boston.

It was formerly held that chorea is purely cerebral in origin, because of the cessation of the muscular contractions during sleep, and because the movements are usually unilateral at first or throughout, or else more pronounced on one side than on the other. But there are certain cases in which the movements continue during sleep. And the existence of spinal hemiplegia shows that unilateral affections are not always of cerebral origin. Foucherand has reported a case of purely spinal chorea in a child; the brain was normal, but the cord contained minute inflammatory foci. It may be that those cases

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in which contractions occur during sleep, or those in which the contractions may be inhibited for a time, are of spinal origin.

Most of the causes of chorea fall under one or the other of the heads, qualitative or quantitative anæmia.

Under the first head are included the chorea of pregnancy, of chlorosis; in short, of general anæmia, from whatever cause.

That the chorea of pregnancy is not a reflex neurosis, but is mainly due to the hydræmic state of the blood, is shown by the fact that emptying the uterus does not affect the chorea. In eighteen cases reported by Barnes and Goodell, removal of the fœtus produced no amelioration of the condition in seven cases.

We find chorea following such diseases as produce a general anæmic state. It not infrequently occurs after scarlatina, measles and whooping cough.

Under the head of chorea produced by quantitative anæmia is to be included that which occurs at or about the age of puberty. Beneke's researches show that, as children approach puberty, their arteries become relatively smaller and smaller; which, of course, must cause quantitative anæmia of the nervous system. The same observer remarks that the female heart remains both relatively and absolutely smaller than that of the male; so that it is so much the less able to overcome the lessened arterial calibre. Young girls have likewise to contend with the as yet unaccustomed physiological drain of menstruation. These three facts—of narrow arterial lumen, insufficient heart and menstrual drain—account satisfactorily for the greater frequency of occurrence of chorea in girls than in boys. Out of 1348 cases collected by various observers, 366 were males and 932 females.

As producing quantitative anæmia is also to be classed, plugging up of the blood-vessels by capillary emboli. Kirkes first advanced what may be termed the English theory of chorea, viz.: that it is due to obstruction of the smaller vessels of the corpus striatum and optic thalamus by capillary emboli, which are minute vegetations detached from the valves of the heart in exudative endocarditis. Kirkes attributed the effect of these emboli to a mysterious "irritation of the nerve centres."

Hughlings Jackson attempted to show that this plugging of vessels occurred in the branches of the middle cerebral artery. Bastian showed that such emboli might be formed in febrile diseases by the cohering of white blood corpuscles. This view has also been maintained by Broadbent, Tuckwell, Ogle, Barnes, and other English writers; but it is entirely too narrow to cover all cases of chorea.

Under the head of causes of quantitative anæmia of the brain and cord are also to be placed thickening and bony induration of the meninges (Frerichs), hyperplasia of connective tissue in the brain, chronic interstitial encephalitis (Rokitansky, Golgi), the same condition in the cord (Steiner, Meynert, Elischer), inflammatory exudations from the meninges, thickening and deposit of lime in the adventitia of the blood-vessels of the corpus striatum, optic thalamus (Elischer) and cord (Rokitansky, Steiner, Meynert, Dickinson), capillary embolism of the cortical blood-vessels (Elischer), etc. Angel Money found that by injecting arrow-root and carmine into the carotid arteries of animals, choreiform movements were produced. Tumors in the posterior half of the optic thalamus may cause hemichorea, according to Charcot.

The second principal cause of the altered state of nutrition of the motor cells is hyperæmia. This has been found repeatedly in the brain and cord by such observers as Golgi, Elischer, Romberg, Ogle, Gray, De Beauvais, Hine, Brown-Séquard, Lockhart Clarke, Steiner, and many others. If the hyperæmia be of the venous or passive sort, the effect upon the tissues will be that of an anæmia. If it be arterial, the result, the involuntary discharge of nerve-force, will be the same. For, manifestly, if the storage capacity of the cells be reduced so that they cannot retain the normal amount of nerve energy, or if they be stimulated to an abnormal production of nerve-force by an excessive supply of blood, the outward manifestations of these two conditions will be practically the same.

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Fright and worry are mental causes of chorea. Doubtless they produce nutritive disturbances; for it is difficult, if not impossible, to conceive of their acting in any other way.

A cause of chorea, which seems to me to have been overlooked, is the muscular activity of children. The age at which chorea most often develops is that at which muscular development and activity are most pronounced. It is reasonable to suppose that there is a corresponding development of the motor nerve-cells; that their nutritive processes are more rapid, and the resulting compounds more unstable than those of the other nerve-cells. If now any depressing influence or sudden strain be brought to bear, the nervous system gives way at its weakest point.

An evidence of this is the fact that chorea invades the muscles in the order of their mobility and activity. First the fingers, then the muscles of expression, a skip difficult to explain upon any other hypothesis than the one given. There is frequent mention of the early involvement of the fingers and the face. Almost invariably, in cases which do not come on brusquely, the first symptoms noticed are that the child drops things, writes badly, makes mistakes in playing the piano, cannot feed itself properly, then begins to make mouths, and to toss its head fantastically.

This order only holds good, of course, in functional cases. It would be interesting to observe whether, in such cases, the muscular contractions leave the muscles in the inverse order; whether the fingers are the last to improve. I can find very little evidence on this point.

The relation of rheumatism to chorea is still doubtful, and rests chiefly upon the authority of the English school. In 11,500 cases in the children's hospital under Sée, there were 48 cases of rheumatism without chorea, and 61 with chorea, which does not look as if the connection between the two were very certain. It should be born in mind, too, that Sée is a strong advocate of the causal relation between them. Many of the statistics gathered under the domination of this theory cannot be received at par, for the reason that heart murmurs and joint pains were regarded as sufficient evidence of the existence of rheumatism. Whereas, we now know that many of the heart murmurs in chorea are hæmic or choreic, the latter being probably due, as Wood suggests, to "the irregular contractions of the chordæ tendineæ, preventing the proper closure of the valves." Joffroy and Saric regard the joint pains as "choreal arthropathies of nervous origin." Hammond states "that the influence of rheumatism upon chorea is no greater than that of a depressing agent to the organism." Steiner, of Prague, found only four out of 253 cases of chorea which could be traced to rheumatism. In 219 cases of chorea treated in the Hospital for Sick Children, London, there was a rheumatic history in 20 per cent.; but 15 per cent. of all children have rheumatism. Sinkler found a clear history of rheumatism in 37 out of 279 cases.

If rheumatism occupied a causal relation to chorea, then chorea should occur oftenest at that period of life when rheumatism is most prevalent; but such is not the case. Out of 282 cases of chorea reported by Sinkler, 217 occurred between the ages of six and fifteen. Of 191 cases in the hospital for children at Paris, 151 occurred between six and fifteen years of age. In Guy's Hospital, Pye-Smith found, from two to fifteen years old, 111 patients; from sixteen to thirty-eight years old, 25. On the other hand, in 4,908 cases of rheumatism admitted to St. Bartholomew's Hospital, 8.1 per cent. occurred between ten and fifteen, as against 80.5 per cent. from fifteen to forty-five.

Nor do we find chorea most frequent in localities where rheumatism most prevails. The investigations of Hirsch and Weir Mitchell show that chorea is no more frequent in cold climates than in warm, which cannot be said of rheumatism. Rilliet states that acute articular rheumatism is of unusual frequency in Geneva, while chorea is very rare. Not one of his choreic patients had had rheumatism. Further, that chorea attacked girls oftener than boys, in the proportion of 2 to 1; the reverse of which happens in rheumatism. He considers the rheumatic nature of chorea as absolutely undemonstrated. Romberg denies any dependence of chorea

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upon heart affections. Wunderlich considers the so-called rheumatoid pains as excentric projections of cerebral states. The only possible connection that can be traced between the two is the fact that they occur most frequently during the spring and summer months; which may be interpreted as simply indicating that the same meteorological conditions which favor the development of the one favor also the development of the other.

In the end we shall doubtless relegate this theory to the limbo of traditional beliefs founded upon authority and coincidence, not supported by statistics.

Very rarely is it that the alteration of nutrition affects exclusively the motor cells. In the other cells it produces the same characteristic, premature discharge of nerve-force. "The general intelligence is ordinarily well preserved; but there can often be noticed a temporary weakness of memory, and the loss of the power of fixing the attention upon any one subject for a length of time is usually very decided." (Wood).

It has been claimed that the mental symptoms were caused by the loss of control of the muscles, and were merely the result of worry. That this is not the fact, and that the psychical cells are involved in the nutritive disturbance may be shown by the following facts:

The mental may precede the muscular symptoms. Says Von Ziemssen: "When there are prodromal symptoms, they consist of a striking change in the temper; a fretful, discontented or apathetic behavior in children formerly cheerful and brisk; *unusual changeableness of temper; sudden and causeless change from sadness to mirth, or the reverse.*"

The relations between chorea and other nervous diseases go to establish this point. A close connection has been found between true psychoses and chorea, and numerous coincidences of chorea with mental disorders have been observed; such as alternation of chorea with dementia paralytica (Tommasi); "hallucinations of feeling, hearing, smelling, and apprehension of being poisoned, with great confusion of mind, in a case of chorea in which, after long continued prodromic symptoms, the choreic twitchings began in the fingers and extended to other parts. Recovery in two months." (Ritti.) Chorea is often associated with hysteria, especially that form described by the French writers as "electric chorea."

Again, after recovery from chorea, it is often a considerable time before the powers of attention, ratiocination and memory are fully restored.

Lastly, cases of right hemi-chorea are attended by true aphasia.

Sometimes the nutritive disturbance extends to the sensory cells and to those of the special senses, producing, according to Charcot, a general hyperæsthesia and hyperalgesia of the skin and the senses—in other words, lessened storage capacity and a tendency to premature discharge on the part of the cells.

Even the nerve-cells of organic life may participate in the lowered nutritive tone, as is shown by the occurrence of cardiac and gastro-intestinal disturbances.

During sleep or narcosis from chloroform or other drugs, arterial pressure and the tension of nerve-force fall so low that the nerve-cells are able to contain themselves. But the minute the patient awakes and the blood-pressure and activity of the cells increase, the contractions begin. In many patients, any attempt to use the muscles involved increases the disturbance. As there is reason to believe that the voluntary contraction of a muscle induces a relative hyperæmia of its nerve-center, this fact will be seen to fit into the hypothesis advanced in this paper.

In the large majority of cases the changes in the nervous system are of such a character that they cannot be detected *post mortem*. Comparatively few of the cases prove fatal, and in most of these the pathological findings are nil.

Chorea is closely allied to hysteria. I believe that the same altered state of nutrition which produces chorea when it affects the motor cells, produces hysteria when the psychical and sensory cells are involved. These cells exhibit the same tendency to involuntary, incoördinate, abortive discharge which is found in chorea. The two diseases shade into each other so that it

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is often difficult to tell where one leaves off and the other begins. Hence the use of such terms as "hysterical chorea." The mental symptoms in chorea are plainly hysterical in character—the "unusual changeableness of temper, sudden and causeless change from sadness to mirth," as described by Von Ziemssen; so likewise are the rarely occurring hyperæsthesias of the various senses mentioned by Charcot.

Hysteria, like chorea, occurs oftener in women than in men, and no doubt for the same reasons, and is found oftenest during the period of sexual development. Landouzy gives the following statistics: Out of 351 cases of hysteria, 48 occurred between the ages of 10–15, and 105 between 15–20. Briquet gives, from 10–15, 98 cases, from 15–20, 140 cases, out of 426.

General anæmia, from whatever cause (Jolly) and hyperæmia of the nervous system (Rosenthal) play an important part in the genesis of hysteria, as also in chorea.

Hysteria, like chorea, occurs oftenest in the spring, and is induced by the same meteorological influences.

The excessive muscular activity of children, which has been mentioned as a probable cause of chorea, finds its parallel in hysterical cases in an abnormal psychical activity. One need only observe school-girls returning from school to discover this. What tremendous emphasis, what violent metastases of thought, what hyperbole and exaggeration, what use of the superlative degree! Notice too their restlessness. Surely they are already choreic and hysterical. Have they not choreic grins and hysterical giggles?

From these and other considerations, it is highly probable that hysteria and chorea are manifestations of the same pathological condition affecting different nerve-cells.

It is very possible that the occupation neuroses and the tremor of multiple cerebro-spinal sclerosis are allied to that form of chorea in which the muscular disturbance appears during voluntary exertion.

In children who are predisposed to chorea, the most important means of prophylaxis are light, systematic exercise, short of tire, and the free use of fat as a food. There are other important means than these, of course. The systematic exercise is best obtained in a well directed gymnasium. Where this is lacking, its place may be supplied by horse-back riding or by such games as battledore and shuttlecock or tennis, though the latter is apt to be carried to excess. No one can doubt the beneficial influence of systematic, general, gentle exercise upon the developing motor nerve-cells.

With regard to the second requisition, an important distinction is to be observed between fat and grease, which is fat melted out of its connective tissue capsules and started on the *facilis descensus* of retrograde metamorphosis. It coats over and infiltrates the albuminous food and prevents the action of the gastric juice. It is prone to evolve butyric acid. Can anyone conceive of a more fermentable mess than mashed potatoes and gravy? When fat is taken into the stomach in its original form, the gastric juice dissolves the connective tissue network, and the released globules float up to the surface and remain there, serenely supernatant, until the stomach digestion is completed.

Empirically fat has been found to be the nerve-food *par excellence;* while the belief in phosphorus rests largely upon a German epigram (Ohne Phosphor kein Gedanke).

Little is to be said with regard to the treatment of chorea, except to call attention to the superior results obtained by dynamic methods. Blache reports the following results from massage. Of 108 cases, 34 were cured by 18 *séances*, and 68 by 33 *séances*. He states that "none of the methods of treatment applied to chorea has given so many cures as massage," and that "the cure is more durable." The average duration of chorea under massage is only about half what it is under other forms of treatment.

Electricity has also given good results, sometimes succeeding when everything else has failed. Benedikt reports twenty cases cured by mild, brief galvanization of the spinal cord. Beard and Rockwell cite such cases as the following: General chorea with inability of the patient to walk, feed himself, or dis-

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tinctly speak—recovery under central galvanization after the failure of Faradization and medication. Chorea of ten months standing in the left side and right arm of a girl of eleven—recovery in ten weeks under central galvanization. Choreic disturbance of the head of five months' duration—recovery under less than twelve applications of general Faradization. Chorea of a year's duration—improvement during treatment and rapid recovery after its cessation, etc.

Many other electricians speak in the highest terms of the good effect of electricity in chorea. It is not necessary to quote them here.

Warm baths are an efficient means for quieting the muscular unrest, and seem to exert a curative influence.

Baudelocque cured thirteen out of fourteen children in twenty-four days. Baffin, Guersant, Jadelot and others have got equally good results. Sée cured fifty out of fifty-seven cases in twenty-two days (Soltmann, in Gerhardt's Handbuch der Kinderkrankheiten).

The treatment by drugs serves to exemplify the remark of Rufz, that you can cure chorea with anything.

The importance of rest has not been insisted upon sufficiently. John Van Bibber, of Baltimore, has cured several cases by keeping them in bed in a darkened room.

Récamier, with the Gallic love of the novel and the theatrical, and possibly with an eye to advertising himself, had his choreic patients march daily, with regular step, to the *Place Vendome* behind a drummer.

The ideal way to treat a case of chorea is to "Weir-Mitchell" it, if one may be allowed to foist such a verb upon the medical public; for in the vast majority of cases, chorea is simply a form of local neurasthenia.

I have advanced this hypothesis concerning chorea largely with a view to eliciting discussion. So far as I can see, it is consonant with nerve-physiology and with the known facts of chorea. It now remains to be seen whether it will stand the test of criticism and rise to the dignity of a theory.

MATERNAL IMPRESSIONS.*

BY J. N. RICHARDS, M.D.,

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THERE is, without a doubt, a widespread general belief that the fœtus may be marked or deformed while in utero by fright, shocks or other deep impressions being made upon the mind of the pregnant woman. And it also seems to be the general belief, with the laity at least, that nearly, if not all, the so-called "mother's marks" or other congenital deformities are caused in this way. While this belief is almost universal with the laity, it is also shared to a large extent by the members of our own profession. At the August meeting of our county medical society, this subject was introduced by a distinguished surgeon from Philadelphia, in connection with a case of hare-lip that was before the society; and I think that fully two-thirds of those present were inclined to consider such deformities often, if not generally, due to maternal impressions.

Occupying, as I did then, nearly neutral ground upon this question, I concluded to investigate the matter in my feeble way and see if I could find any good reason for this generally accepted doctrine. In the first place, there seems to be an innate desire in the human family to run after the supernatural—a broad strata of superstition in us all, and a strong disposition to attribute anything we cannot comprehend to the supernatural. I contend that the proper mode is, when we encounter a problem that is beyond our ken, to confess our ignorance, and conscientiously go to work to solve the mystery, suspending conclusions until they are fully substantiated by reason and facts.

The believers of this doctrine of maternal impressions seem to receive their inspiration from the thirtieth chapter of Genesis, wherein it is recorded that Jacob placed speckled rods before the flocks of Laban, and "they brought forth cattle ring-streaked and striped." This I consider as being of the nature

*Read before the Lehigh Valley Medical Society.

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of an implied command from God, and the result a reward to Jacob for his obedience and faith; just as he commanded Moses to smite the rock in the wilderness, and water flowed forth. And as water refuses to flow from rocks now when smitten by rods in the hands of our modern disciples, so I imagine that our cattle bring forth young the colors of which are not influenced by the color of rods that happen or are by design placed in front of them when they conceive. If this theory held good, then the breeding of some of our fancy stock, where color is often such an item, would be reduced to an exact science. As before stated, we have inherited a vast amount of superstition, that, notwithstanding all our boasted education, still clings to us, and many of the popular beliefs of to-day are but heirlooms that have been handed down to us from the Dark Ages—modified, perhaps, to suit the times—and are taken for granted simply because our fathers and mothers have told us so, and we have not taken the trouble to investigate them to see if they ever had any foundation in fact.

Dr. Taylor, of Philadelphia—who seems to be, from the number of cases he has reported, a firm believer in maternal impressions—claims that these popular beliefs are nearly always founded on facts, and are worthy of our consideration. Dr. Samuel C. Busey, of Washington, says: "Any prevalent, concurrent belief must be founded upon an element of truth." I think history fails to sustain these statements in many cases. In earlier years witchcraft was an accepted belief, and many so-called witches were condemned to severe punishment and even death, after prolonged trials before grave and learned tribunals. So with spooks, ghosts, hobgoblins and the return of departed spirits. And even yet these beliefs are by no means eradicated from the human family, even in our highly civilized communities.

Many of our farmers, even in this enlightened age, plant their seeds, butcher their stock, cut their timber and make predictions as to the state of the weather according to the signs of the moon. These are or have been wide-spread, general beliefs. Are they true, or have they ever had any foundation in fact? I think not. In my obstetrical experience I have found there is a very general belief among women that, during labor, the parturient woman must keep her chin well down upon her chest, must not raise her hands above her head, for fear she will "draw it all back;" that the pregnant woman must not raise her arms above her head for fear the umbilical cord will be coiled around the neck of the fœtus. Is there any foundation of fact or rational cause for such beliefs here? Yet these things are generally asserted and firmly believed.

It is well known that we have peculiar markings and deformities in plants and the lower animals corresponding in many cases with the deformities found in human offspring. These deformities in vegetables and fruits are in many cases no less remarkable and no easier of explanation than these so-called "birth marks," and yet I know of no one claiming that they are due to maternal impressions. Yet there are many who also claim that so deep an impression may be made upon the *mind*—if you please to call it such—of the lower animals that may deform the offspring. It is well known that many of our wild animals when in captivity bring forth young either dead or imperfectly developed, which die soon after birth. Nearly all the young lions born in our zoological gardens have cleft palates. Are these due to maternal impressions or lack of their normal food and want of exercise? And again cases are not so very rare wherein our domesticated animals bring forth young with too few or too many limbs, with cleft palates, acephalous monsters, etc. Even in our domesticated fowls I have seen many digressions from the true type—chickens, ducks and turkeys with tufts upon their heads, deformed feet, toes, bills, and feathers; ducks and chickens with three legs, etc. If these deformities are due to maternal impressions, pray, which mother was the impression made upon, the one that laid the egg or the one that hatched it? It is from the egg of the oviparous animals we have learned more of embryonic life than from any other one source; and it is, as I take it, a true type

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of all embryonic development; and if this theory of maternal impressions will not hold good here, how can we demonstrate with any degree of plausibility that it does hold good in the higher animals and in man? Dr. Taylor in the MEDICAL TIMES of November 26, 1876, in attempting to prove that these impressions may cause markings of the offspring of animals, cited the often quoted case of Lord Morton's mare of chestnut color, that was covered by a quagga—a wild ass of the zebra species from Africa—in 1815, and after a pregnancy of eleven months and four days gave birth to a hybrid resembling the quagga. She was subsequently served by a black Arabian stallion in 1817, 1818 and 1821, and produced successively three foals, all of which resembled the quagga—the first of which, however, in a greater degree than the third. Now, granting that this case is entirely authentic, of which I have no doubt, is it reasonable to suppose that so deep an impression was made upon the mind of that mare in 1815 that it marked her foal born in 1822? If so, she must have had a very impressible nature. Surely this is carrying the "influence of mind over matter" doctrine a little too far. A more plausible theory for such phenomena, I think, would be that some of the fecundating material had been left over that marked the offspring of the subsequent pregnancies. We have in the queen bee something analogous to this. She receives the drone or male bee but once during her life, yet she has the power to lay, at will, an *unfecundated* egg that hatches, but always produces a male bee, commonly called a drone. I may add, too, by way of supplement, that a queen bee that has never met the drone lays eggs that hatch, but they always produce male bees. So it may be in those cases where well bred female dogs by accident have been lined by mongrels, who in subsequent pregnancies, after being served by thorough bred dogs, produce young with tracings or markings peculiar to the mongrels. Carpenter in his physiology states, "some of these cases appear referable to the string of mental impression left by the first male parent; but there are others which render it likely that the blood of the mother imbibes from that of the fœtus, through the placental circulation, some of the attributes which the latter has received from its male parent, and that the female may communicate these, with those proper to herself, to the subsequent offspring of a different male parentage;" and cites a well-known fact that a woman may during gestation or after parturition develop *secondary* syphilis, who has never had the primary symptoms, while the father shows no recent syphilitic disorder. For, if he has communicated a syphilitic taint to the fœtus, the mother may become inoculated with it through her offspring in the manner just stated. I cannot stretch my credulity far enough to believe these phenomena are due to the impressions made upon the lower animals years before. If this theory is not true in regard to the lower animals, then by what process of reasoning can we claim it to be true in the human? Nature does her perfect work by certain and well-established laws, and these processes are the same whether in the human ova or in those of the lower animals. If these processes are interfered with occasionally, by causes of which we are so far ignorant, in the egg of our oviparous animals, why should not the ovum of the human female occasionally fail to bring forth a perfect being?

It strikes me that those who accept this doctrine of maternal impressions at first sight as it were, forget their anatomy and physiology. It is needless for me, if I were able, to give you the minute history of the development of the embryo, but suffice it to say that as you are all aware, the only connection between the mother and fœtus, after the third month at least, is through the placenta and umbilical cord. That there is no *direct* blood communication even. That the respiration and nutrition of the fœtus is carried on wholly by a process of osmosis. That there never has been, so far as I have learned at least, any nervous communication discovered between the maternal and fœtal portions of the placenta—or no nerve trunks or filaments found in the umbilical cord—unless it be near the umbilical extremity of the same. Scan-

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zoni claims there are "isolated nerve branches from the plexus hepaticus for the vein and from the plexus hypogastricus for the arteries," and that they extend three or four inches from the umbilicus. Virchow denies this and claims he has never been able to detect any nerves in the cord at any period of its development. Further, as you no doubt remember, that by the end of the second month of utero gestation, the fœtal extremities are plainly visible; the fingers and toes well defined, rudimentary of course. That the intermaxillary portion of the superior maxillary bone unites with the palatine arches and closes the cleft by the end of the third month, and that by the end of the fourth month of pregnancy the fœtus is quite a presentable being—with fingers, toes, lower and upper extremities, eyes, nose, mouth and all parts, with the exception of the *size* of the head in nearly the same proportions as at full term.

Now, it strikes me that if it is a fact, that all nervous force originates in the nervous centres and is transmitted from thence by and through the medium of the nerves—and only in this manner—that where there are no nerves there can be no sensation or other nervous influence; that after the death of or division of a nerve trunk, there can be no more nervous force in impressions transmitted to the parts formerly supplied by such nerves. I say if this is a fact in *extra uterine* life it should by all processes of scientific reasoning—in my feeble judgment—be assumed to hold good during *intra uterine life;* and right here I must confess is the greatest stumbling block to my having faith in maternal impression. To ask me to believe, that allowing an impression to be made upon a pregnant woman, and that impression to be reflected to her uterus, thence through the umbilical cord, 15 to 20 inches long—consisting wholly of two veins, one artery, connective tissue and gelatin of Wharton—and after surmounting this seemingly unsurmountable barrier, have vitality enough left to select and deform such regions as the mother may in some cases at least decide upon, is presuming more upon my credulity than I allow. Yet this is nothing more than we are asked to believe, as a few cases I shall quote will illustrate: So far as my feeble judgment goes, I deem it evident that after a limb or part is once formed, in order to change such part there must of necessity be some tangible and appreciable force exerted. And whence the force? There have been many cases reported of children being born with amputated legs, arms, fingers, or toes, as being caused by the mother being shocked by seeing some one with an amputated limb, during the latter stage of pregnancy, or at least after the limbs of the child are generally definitely formed. Now it seems to me that after a leg, arm, finger or toe is once formed, no amount of mental effort or shock made upon the mind of the mother, whether momentarily applied or continued during the remainder of her pregnancy, can amputate or absorb said arm, leg, finger or toe. Nothing but direct force could remove it if it was there before.

We know the umbilical cord does become knotted upon itself, does encircle the child's neck, and in a number of well authenticated cases has amputated one or more of the limbs. Perhaps one of the most common deformities met with, that is attributed to the influence of maternal impressions, is hare-lip and cleft palate; the mothers claiming that they have been frightened by a rabbit, or by seeing a child or some one else suffering from this deformity. This cleft is a normal condition of the fœtus at a certain stage of its development; but by the end of the third or beginning of the fourth month of pregnancy it is closed up. Hence, all cases of this character, that are attributed to this cause after the beginning of the fourth month, go for naught. The cleft in the lip is closed considerably earlier, possibly by the end of the second month. Prof. Albert Vandeveer says: "Maternal impression *may be* one of the causes of hare-lip, and yet evidence of such cause is so often wanting as to lead us to doubt;" and claims that he frequently finds slight notchings or partial defects in the mouths of one or the other of the parents; and often has had occasion to call the attention of his class as to this point in the study of these cases. And

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he further claims that close pregnancies form a factor in causing this deformity. That it is not unusual to see the same patient with extra thumbs or fingers, spina bifida and the like, and cites a case of a child that was brought to Prof. Alden Marsh with hare-lip, who had cleft palate, an extra toe and finger on each foot and hand, double hernia and club-foot. He quietly said to the poor mother: "My good woman, you had better try it over again." That poor mother must have had a sad time of it during her pregnancy if each of those deformities were due to some separate fright or shock.

It is a fact as can be attested by every one who has had any obstetric practice, that the majority of women fully expect their children to be marked at birth, and usually the first question they ask after the completion of the second stage of labor is, "is the child all right." This is not strange when we consider that they have been taught from infancy almost, that women can and do mark their offspring in various ways, and during their pregnancies this lesson is especially impressed upon them by their kind, but over solicitous and curious neighbors. And yet how few children are born in any ways deformed.

In order to get the opinions of some of my personal friends and others upon this subject, I mailed a circular letter of inquiry to fifty physicians, embodying the following questions: 1. Do you believe it possible for the fœtus to be marked or deformed by a shock or impression made upon the mind of a pregnant woman? 2. Do you know from your own *personal knowledge* any cases wherein such impressions have, in your opinion, resulted in deformity or marking of the child? 3. At what stage of gestation has the impression been made? 4. Would you give me the facts in one or more cases that you have personal knowledge of?

There have been so many cases reported upon the authority of the old ladies, and the young ones too for that matter, in every neighborhood, that are so extremely wonderful, but savor too much of the character of the startling mad dog and ghost stories we were accustomed to hear during our youth to be worthy of credence. For this and other reasons I was anxious to hear from a fair number of reputable physicians as to their own practical experience and observation—I desired no hearsay evidence.

Among those to whom I mailed my letter of inquiry were three veterans—men of many years' experience and whose integrity of character and veracity could not be assailed. The first one of these to reply was our worthy Dr. Traill Green. To all my queries, he, in his usually terse style answered "no," and when he says "no" you generally understand what he means. The next one of these veterans to reply was Dr. A. Rothrock of McVeytown, Mifflin County, Pa., who I believe graduated the same year Dr. Green did. He writes me that he is a believer in maternal impressions so far as nævus materni are concerned, at least, and reports the following: He attended a Mrs. A. on the 13th of May, 1835, and when the child was born it had a nævus upon the upper lip. The mother gave as a cause for this that she was struck upon the lip with a piece of sausage the preceding fall, when they were butchering, by one of the men. The Dr. presumes she was about the end of the third month of pregnancy. This is rather a remarkable coincidence to say the least, and coming from the source it does, I am bound to consider it entirely authentic. But as the upper lip is, normally, tolerably well formed some time before the end of the third month, I fail to see how it could be changed by the process just stated.

Dr. Hiram Corson, that veteran of veterans, replies that he is also a believer in maternal impressions, and cites two cases that came under his notice, which I will quote in his own words. "Forty years ago two women, who were with me in attendance upon an obstetric case, went at 1 o'clock at night to a house a few doors away, there as they entered they were confronted by a man with blood streaming down his face and neck from a cut on his scalp made by a rough stick of fire-wood wielded by a strong man, while the injured man was lying asleep on a lounge. Both these women were pregnant. I attended them both afterwards. The one child had a splash

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of red on the back of its neck as large as its hand. The other one had had a bright red mark on its forehead and left cheek. Quite striking both of them were, and both disappeared entirely in a few months." The doctor does not state at what stage of the gestation this fright occurred.

I have seen several children born with the redness of the skin that fades in a few weeks or months, but do not remember any of my cases being attributed to maternal impressions. When my first child was born she had a bright red spot, nearly the size of her hand, upon the back of her neck just below the occiput. Upon calling my mother's attention to it, she said, "that's the Patterson mark," and stated that two or three generations on her side of the house had similar marks in the same location. When my little boy was born over four years later he had a similar mark also upon the back of his neck. They have both disappeared.

Dr. D. P. Miller of Huntingdon, Pa., writes me he has been converted from a skeptic to a firm believer in maternal impressions by the following case:

"In the latter part of July, 1881, a man was injured by a car passing over his *right* foot. He was brought home and to his house, where I was called to dress the injury. His wife was present and witnessed the dressing, and at the time was in the *latter part of the fourth month* of pregnancy, although I was not aware of the fact at the time. On the 6th of January, 1882, I attended the wife in confinement, and when the child was born it was minus the fingers on both hands and the toes on the *left* foot. The arms and hands were normal to the metacarpo-phalangeal articulation. The fingers at this time are all contracted to a point, and not as long on either hand as the first phalanx should be and minus the nails." Now mark, here is a woman who is worried over her husband's injury to the right foot; who, in a little over five months, gives birth to a babe with toes absent on *left* foot and fingers absent on both hands. We have seen that the fingers and toes are well formed by the end of the fourth month, normally, and if they were so in this case would the mother's worry over her husband's injury have caused them to disappear? Many of you, no doubt, would answer in the affirmative; but I think it would require a more tangible and powerful force than the mother's mental agony. I *may* belong to that class of skeptical non-believers that wont be convinced; but if such is the fact I am not aware of it. I am open to conviction, but must have such proofs as would convince reasonable men on other subjects.

Prof. William Lusk, Professor of Obstetrics of Bellevue Hospital Medical College, writes: "I have had many instances where the mother constantly dwelt upon some deformity in the husband, or other children; has had settled melancholy in consequence, and has given me daily assurance during pregnancy that the child would be marked. The children invariably have at birth been healthy and perfect."

Prof. William F. Waugh, of Philadelphia, writes me: "I never attended a primipara who didn't believe there was danger of her babe being *marked*, and never knew a case in which the foreboding proved true."

Several others have reported to me cases similar to those I have quoted; and several others write me that they have had no knowledge of any such cases, but are not willing to express an opinion as to the possibility of such.

Our Secretary, Dr. McIntyre, very kindly sent me a list of the papers published on this subject during the century, taken from the index catalogue of the Surgeon-General's office. There, through the courtesy of Dr. William B. Atkinson and the librarian, Mr. Fisher, I had access to the library of the College of Physicians of Philadelphia, and looked up as many of these cases as my limited time would allow.

The most remarkable one I met with was reported by Dr. William Hunt, of Philadelphia, in the *American Journal of Medical Sciences* for 1881. A finely-formed mulatto woman — previously healthy, husband and other children the same—was brought to the Pennsylvania Hospital severely and fatally burned. She was eight and one-half months' pregnant. Fœtal heart beating very rapidly and forcibly, and continued to do so for over twenty-four hours; then ceased; child then supposed to be

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dead. Labor set in three or four hours later; child well formed, but blistered over about same parts of surface as the mother was; blisters full and apparently of recent origin. Pemphigus, syphilis, maceration, etc., were suggested, but all excluded. Woman died in four days after admission. I had a personal interview with Dr. Hunt in regard to this case. He does not attempt to explain this condition of the child. Says: "There are the facts; I know nothing more about it." Of course, I cannot explain it either; neither can I explain the occurrence of ulcer of the duodeum after severe surface burns; but believe there is a physical and not mental cause for both of them.

Dr. Miller, of Peabody, Kansas, reports a case I have seen quoted several times elsewhere. Lady suddenly seized with intense longing for oysters, which she expected her husband would bring home with him, but greatly to her disappointment he forgot them. Feeling confident her child would be marked, and also wishing to prevent its being deformed upon any exposed part of its person, she clapped her hand upon her buttocks. The child was born with a well-marked oyster upon its buttocks.

Another similar case I have met with: A lady, pregnant, was intensely frightened upon seeing their barn burning, covered her face with her hands. Her friends remonstrated with her, telling her she would mark her child's face. She says: "I will mark it here, then," slapping herself upon her buttocks. Her child was born with a fire mark upon its buttock. So also the case of Mrs. P., reported by Dr. Prentess, PHILA. MED. TIMES, vol xii, page 385. Her visitor's face was marked with a bright scarlet mark which made a profound impression upon Mrs. P., who decided that if her babe must be marked she would, like the woman quoted above, mark it upon its buttocks and with the desired result. These cases are repeatedly quoted and apparently believed by some. But do you believe such yarns? I am very confident I do not. I am not yet ready to believe it is possible for a fœtus to be marked at all by any impression made upon the mind of the pregnant woman. But to assert that a woman may at will select what part of the fœtus may receive the deformity, is, I consider, the sheerest nonsense.

I hope I have not appeared egotistical in this matter, and do not claim that I must of necessity be *right*. I simply, so far as my judgment goes, believe I am. I have too much regard for the integrity and ability of many of those who take a different view, to doubt their sincerity. Yet after giving this matter my careful attention, I am forced to the conviction, that in my opinion, it is not possible for the fœtus to be marked or deformed by a shock or impression being made upon the mind of a pregnant woman.

In taking this position, I am very well aware I am taking the unpopular side of the question. While this may be presumptive evidence that I am wrong, it is not conclusive by any means. One who is in the apparently hopeless minority is not always wrong, as we have abundance of examples to testify. If the multitude had always been right and the individual wrong, then, to-day, we would have been ignorant of the circulation of the blood, the inestimable benefits of vaccination, and the grand achievements of ovariotomy.

Now, in conclusion, allow me to summarize the difficulties in the way of my having faith in maternal impressions.

1. We have the same, or corresponding deformities in plants as we have in human offspring, and which are often as difficult of explanation.

2. In the young of oviparous animals, young that are developed entirely outside of the mother's body, we find the same corresponding aberrations from the normal type.

3. I cannot imagine the lower animals to be endowed with such sensitive organisms as that this influence of maternal impressions should be potent enough to mark their progeny.

4. If plants and the young of our lower animals are deformed in some mysterious way that cannot be attributed to the influence of these maternal impressions, why may not the human embryo be deformed in the same manner?

5. Nature's laws are fixed and unalterable, and the same forces acting

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upon the same matter should and do produce the same results, whether it be in the egg or the chick, or in the ovum of the human female.

6. Out of the very many women who are shocked, and fully expect their children to be deformed, but an infinitesimal proportion are so. While in a large proportion of cases, wherein the children are born deformed, the mother has no recollection of any shock or fright. I can't believe nature does her work in any such haphazard way as this.

Finally, to all those who have so kindly responded to my letters of enquiry, I wish to return my hearty thanks.

MEDICAL CASES IN THE COURTS.

BY HENRY A. RILEY, ESQ., NEW YORK.

SUNDAY SODA.

Some druggists of Pittsburgh, Pa., were not long since convicted of the offence of selling soda water on Sunday, and about sixty of their fellows came together the other day and decided to carry the cases to the Suprme Court on appeal. A committee appointed to consider the whole matter reported that "the only way to remedy matters was to have the obnoxious blue laws either repealed or amended, so as to allow druggists to sell non-intoxicating beverages on Sunday." A bill to accomplish this was ordered to be framed and presented to the Legislature at its next session.

Dr. William A. Hammond, of New York, has an interesting article in the *North American Review* for December on

"MADNESS AND MURDER,"

in which he takes a position very different from that held in some quarters. He does not stretch the opportunities for escape which all murderers who are alleged to be insane possess, but would apparently hold them directly responsible for the results of their crimes.

Speaking of the Whitechapel murderer, he says: "When arrested the question of how to dispose of him will arise. In what I have said I have assumed him to be a lunatic of some kind. If a certain degree of maudlin sentimentality should prevail, he will be placed in a lunatic asylum, and in the course of a few years may be discharged as cured. But such insanity as his is never cured. Doubtless while an inmate of the asylum his conduct will be of the most exemplary character. He will dissemble for years, and will deceive the very elect among experts in insanity. Superintendents and clergymen, and various other high personages, will unite in testifying to his thorough change of heart and Christian bearing, and when he is discharged, with the blessings of all with whom he has been associated, he will begin to commit another series of murders fully as atrocious as those for which he has been sequestrated. There is but one way to deal with a person like this Whitechapel murderer, and that is to hang him as soon as he is caught. He is an enemy to society, and is entitled to no more consideration than a wild beast that follows his instinct to kill. Laws are not made for the purpose of enforcing the principles of abstract justice; they are enacted solely for the protection of society."

EXTENT OF LIABILITY FOR ACCIDENTS.

In a case brought, not long since, against the Brooklyn City Railway Company, for injuries to a child by which it became necessary to amputate her leg, the question arose whether there could be a recovery for future medical services. The action for damages was brought by the father on the ground of loss of services, which is the only ground recognized by which a parent can sustain an action for injuries suffered by a minor child. The trial judge allowed a recovery for medical services to be rendered in the future; but the Court of Appeals holds that this was improper. The Court said: "The prospective damages for loss of service recoverable in such a case as this may never in fact be sustained. But as only one action can be maintained against a wrong-doer for a single wrong, the law, from necessity, permits consequences not yet fully ascertained, but which are reasonably certain to happen, to be anticipated, and a jury is allowed to estimate damages for future loss of service in the light of experience and of such evidence as can be given. The damages

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allowed in this case for prospective surgical expenses have still another element of uncertainty. If recoverable by the parent, it must be upon the ground of the parent's obligation to maintain the child. But not only may the parent die and the child die, thereby rendering the surgical expenses unnecessary, but the parent may become wholly unable to pay for the services if required, or the child may be treated in a hospital or at public expense, as was in fact the case in this instance when the child's leg was amputated. There is adequate reason for permitting the parent to recover medical or other expenses actually incurred, consequent upon an injury to the child from the wrongful act of a third person."

As will be seen by this last statement, a recovery for past medical services is allowed; but for future services there can be no recovery by the parents. The child, in a separate suit, however, can recover on its own behalf the estimated cost of medical services rendered probably necessary by the injury.

An interesting decision affecting druggists has just been decided by the Iowa Supreme Court. A. C. Hoogland was indicted and convicted in Washington County, Iowa, on a charge of maintaining a nuisance by the unlawful traffic in intoxicating liquors. He was a practising physician at Brighton, and owned a drug store. He obtained a permit in December, 1886, from the County Board of Supervisors, allowing him to sell liquor for medicinal and other purposes, not forbidden by law. It appeared that several sales were made in the next few weeks, and a jury held that the druggist had violated the law, although the witnesses testified that they were all sick and needed the liquor. The lower court fined the druggist $1000. The Supreme Court on reversing the decision of the lower court says: "The finding that the defendant had reason to believe that the applications to purchase were not made in good faith is contrary to every fact testified to by every witness in the case. It is equivalent to finding that every witness for the State as well as the defendant, were wilful and corrupt perjurers. Verdicts must be founded on facts, not upon mere suspicion."

A NEW HYPODERMIC TABLET SYRINGE.

BY WM. C. COX, M.D., EASTON, PA.

IN bringing before the profession another hypodermic syringe, I do so with the full knowledge of the numerous and varied kinds already in the market; but at the same time am also aware that, until I obtained the one now before you, none were perfectly satisfactory, and I found the inconvenience and loss of time in the use of a tablet syringe so great as to almost cause me to discard it. Having the various objections to the different syringes in mind, I suggested to the Messrs. Tiemann & Co. that they apply their new process of vulcanizing the hard rubber attachments to the glass cylinder and

have the coupling of the needle to attach over all. The essential improvements are that the joints of hard rubber being vulcanized to the glass cylinder prevents any possible leakage, and the needle screwing on the outside of the cylinder permits the introduction of a tablet with no delay or trouble; another advantage and that one of no small consequence is the ability one has to push up the packing if so desired. A solid cap is also made to screw on the cylinder in place of the needle, when not in use, thus preventing any drying out of the packing from exposure to the air. Two needles and a bottle for tablets complete the case. The vulcanizing of the rubber on the glass is so firm and perfect, that the two become as one, and it requires the blow of a hammer to separate them, and this occurs only by their being broken into fragments. The accompanying wood cut will explain itself. The ability to vulcanize rubber and glass together is one only lately attained, and then by the firm which manufactures this little instrument.

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THE DIET OF TYPHOID FEVER.

BY WILLIAM F. WAUGH, M.D.

THE question of feeding in typhoid fever is still far from being settled. In this country the profession, with scarcely an exception, relies wholly upon milk. In France, on the contrary, the Academy of Medicine heard, without a dissenting voice, the conclusions of Dujardin-Beaumetz, who rejected all forms of nourishment and went back to the water-soup of Hippocrates. His reasons are given with that explicitness which is a feature of the reasoning of the French. The intestinal glands are the seat of an affection which totally disables them from the performance of their functions. They are in a state of active inflammation, even of suppuration. The mesenteric glands are likewise involved in the inflammation, and incapable of performing their functions.

But cannot the patient be sufficiently nourished by those elements which are directly absorbed into the gastric veins? The rare cases of obstruction of the thoracic duct, and consequent starvation, show us that small as is the amount of nutriment conveyed to the body by this route it is vitally essential to the nutrition of the animal; for these cases perish with symptoms of starvation as surely as if no nutriment of any description entered their stomachs. The great loss of weight during the course of a typhoid fever, and the evidences of denutrition of the soft tissues, show that there is an exceeding likelihood that the assertions of the French observers are true; that the patient is sustained only by consuming his own tissues; and that the food which is introduced into the stomach, so far from contributing to his support, is only an additional source of danger.

It cannot be assimilated, and being introduced into the gastro-intestinal canal, the very focus of disease, swarming with the specific bacteria of typhoid fever and with putrefactive germs innumerable, rioting in the dead and dying tissues, evolving poisonous ptomaines, to be absorbed into the blood and multiply the evil effects of the disease, what other fate can occur to the milk here introduced than to serve as fresh material for decomposition? Hence the abdominal pain, griping, tympanites and diarrhœa; hence the tendency to local suppurations and to cerebral symptoms, due to toxæmia; increased because the milk affords food for a greater number of microbes to live and generate ptomaines. This is what constitutes the strength of the plea for the use of germicides in typhoid fever, and induces us to claim that the first and most imperative indication is to render the intestinal canal aseptic. When this has been accomplished, we will see an immediate decrease in the tympanites, diarrhœa, etc., as well as in the other symptoms. Then the question of food recurs. Milk has been considered the food *par excellence*, because it has been specially elaborated and assimilated by the cow. But even then it must be digested and assimilated by the calf before it can become an integral part of the blood.

Why not take blood at once, then?

It is one step farther than milk. It has received the final finishing touches; it is no longer food; it is the vital fluid itself; and whatever there may be of that mysterious quality known to us as vitality, this fluid alone possesses it. In what way can it be introduced into the veins of the patient? If the operation of tranfusion can be rendered comparatively harmless, and the means for accomplishing it can be placed in the hands of every practitioner, this would be the proper method of administration. Or, were the operation to be popularized, we might see a new race of specialists arise, who would rival the gynecologists.

This leads me to remark, that I have had recently under my care a case of obstruction of the thoracic duct. He was for a number of weeks in the hospital, where we had the fullest opportunities for observing him. Every variety of artificially digested food was given; but he found only one thing which agreed with him, and that was bovinine. This he took with avidity; while with other foods he looked longingly at them, saying he was very hungry, but would not eat them. If he were prevailed upon to eat, he would throw up the food. Bovinine was the one thing he took eagerly, and it always agreed with him.

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This seems to me a very remarkable observation. I have made use of this bovinine for some time as a stimulant in typhoid fever, but had not thought of it as specially valuable as a food in cases where the lacteals are disabled, until this case occurred. Bovinine is simply blood, preserved by the addition of a small quantity of alcohol, rendered aseptic with a little boric acid, and thickened by the addition of egg-albumen. The boric acid is a valuable addition, as it assists our efforts to keep the intestinal canal aseptic.

I am not able as yet to say that this use of bovinine is more than a suggestion; for since I began to use intestinal antisepsis my cases of typhoid fever have all recovered, the duration of the attack has been shorter and convalescence more rapid than under the expectant system. To determine the true value of the principle herein enunciated would require the observation of a long series of cases, with weighing at different stages, and comparing those to whom bovinine is given with those who do not have this food, though in every other respect the treatment is identical. All I can say at present is that my cases fed upon bovinine seem to be less emaciated than would otherwise have been the case. As a stimulant, I have only to say that no other form of alcoholic preparation has been used or needed by me in my last twenty cases of typhoid fever.

TRANSLATIONS.

SALICYLIC ACID IN DIPHTHERIA.

D'ESPIN finds that salicylic acid, in solutions of 1–2000, is an excellent parasiticide for the diphtheritic bacillus; while its harmlessness in respect to the animal tissues allows it to be freely and frequently used. It is also a useful prophylactic.

—*Revue Méd de la Suisse Romande.*

FOR PULMONARY PHTHISIS.

℞ Acidi tannici.....ʒ j
Creasoti.....ʒ ss
Glycerini,
Alcohol.....aa q. s

M. et div. in pil. no. viij.
S.—One every two hours. —*Demarco.*

HYPNOTIC POTION.

℞ Amylen. hydrat.,
Sp. menthæ.....aa ʒ j
Aq. destillat.....f ʒ iv
Syr. aurantii cort.....f ʒ j
M. S.—Take at bed-time.

For women, lessen the dose by one-fourth. —*Audhoui.*

ANTIPYRINE HYPODERMICALLY.

℞ Antipyrin.....gr. xv
Aquæ dest.....m xv
Cocain. mur.....gr. ½
M. S.—For one injection.

Gaz. Méd. de Nantes.

HOSPITAL NOTES.

MEDICO-CHIRURGICAL HOSPITAL.

DANGER OF FOREIGN BODIES IN THE ŒSOPHAGUS.

PANCOAST says: "Foreign bodies lodged in the throat should always be removed as soon as possible, as they are very dangerous. A small pointed piece of bone may ulcerate through the œsophagus, and cause dangerous if not fatal hemorrhage by puncturing the aorta."

SURGICAL ENGINE IN BONE CARIES.

PANCOAST is a strong advocate for the use of the surgical engine in caries of the long bones. In the case of a boy at his clinic in whom there was extensive disease of the femur of strumous origin, Pancoast practically demonstrated the value of the surgical engine in removing the dead bone. He pointed out the necessity of seeing that the instrument was in perfect working order, as the burrs occasionally become detached and remain in the wound, thus setting up much mischief should they not become encysted.

NERVOUS COUGH.

WAUGH gave the following in a case of nervous cough with hyperæsthesia of the larynx:

℞ Potassii bromid.....gr. x
Potassii cyanid.....gr. ½
Syrupi ipecac.....m xv
Syrupi glycyrrhizæ.....ad ʒ j

M. et sig.—To be taken every three hours. Mild counter-irritation to be employed over the larynx, the patient to wear flannel and avoid colds.

TREATMENT OF DIABETES.

WAUGH says: "The treatment of diabetes is unsatisfactory. An alkali will

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relieve the symptoms in many instances; but its administration must not be continued for long, as it causes disintegration of the red corpuscles and weakens the patient. Opium, morphia, and codeia have been tried with some effect. Treatment by diet has probably given the best results; all sugar, starch, and sugar-forming elements being excluded, saccharin being given to replace the sugar. In carrying out this line of treatment the greatest difficulty has been to supply a suitable bread. Pavy, who has made a life-long study of diabetes, suggested that bread made from almonds or gluten be employed; but these are objected to on account of their cost. Recently a vegetable drug called jambol has been introduced by Parke, Davis & Co., as a remedy for diabetes. I intend to give it a trial in a case I have under observation in my medical wards."

PENNSYLVANIA HOSPITAL.

FRACTURE OF THE PELVIS WITH RUPTURE OF THE URETHRA.

MORTON exhibited what he described as one of the most successful and interesting cases he had ever treated. The patient was a man aged 30 years. On the 7th of November last he was caught between the buffers of two freight cars, and on his admittance to hospital it was found he had sustained a fracture of the pelvis. As it was impossible to pass a catheter, Morton concluded the urethra had sustained serious injury, which proved to be a fact, as on perineal section the urethra was discovered completely torn across at the junction of the membranous and spongy portions. In the treatment of the case the first object was to pass a catheter through the divided urethra into the bladder; but this was impossible, the orifice of the membranous portion having disappeared. It was then decided to perform a suprapubic cystotomy, and in this way pass the instrument from the bladder outwards. This proved entirely successful. During the progress of the case, owing to the broken pelvis bones pressing on the urethra, some sloughing took place, resulting in a rectal fistula, which was cured under treatment, the patient recovering with a perfect urethra. In discussing the diagnosis of fracture of the pelvis, Morton pointed out that owing to the absence of crepitus, it was impossible in many cases to make out the nature of the injury. When this was so, he advised the introduction of the finger into the rectum, as by this means an accurate diagnosis as to the extent of the fracture could be made, the irregular outlines of the broken bones being readily felt through the rectal wall.

RELAPSING TYPHOID.

HUTCHINSON exhibited two cases of relapse from typhoid fever for the purpose of showing the well marked symptoms of the primary disease intensified; and though this is the rule, the mortality is not thereby increased. One had, as a complication, hypostatic congestion of the right lung, and he took occasion to dwell upon the necessity of being alive to this complication, which in many instances was brought on by the patient lying too long in one position. Bed sores, he claimed, were caused very often by a single fold of the sheet.

TRACHEOTOMY.

Dr. Morton exhibited a man, 65 years of age, with laryngeal tumor, upon whom two days before, he had performed tracheotomy. The patient, having suffered with intense dyspnœa, expressed great relief since the operation. The important point to be remembered in operations like this is to be supplied with a full set of tubes having curves suitable to different ages; those having perforations are preferred, as by occluding the external opening it is possible to whisper, which was demonstrated by the present case. The tube should be introduced below the cricoid cartilage, dividing the rings rather than exsecting a portion, and in all cases insert the tube before an attempt be made to stop hemorrhage.

UNIVERSITY HOSPITAL.

REFLEX VOMITING FROM OVARIAN DISEASE.

PEPPER at a recent clinic presented a patient, aged 33 years, with the following history: She had been twice married, and during the life of her first husband had two miscarriages, each occurring about the third month. There

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was no evidence that the miscarriages were due to specific infection. She never became pregnant by her second husband. After the second miscarriage she began to have "bearing down" pains in her abdomen, with some pain and tenderness in left iliac region; her menses however were regular until two months previous to admission, when they stopped. In April last she had a severe attack of vomiting, accompanied by a return of the pain and tenderness in the left ovary. This lasted three weeks, and yielded to treatment. A similar attack, commencing eight weeks ago, during which nothing would stay on her stomach, resulted in her admission to hospital. Pepper mentioned that owing to the presence of blood in the vomited matter, the case might be mistaken for malignant disease of the stomach, or gastric ulcer. Owing to the age of the patient and the absence of cachexia or pain, the former was excluded; while for the same reasons, and the absence of tenderness on deep pressure on the epigastrium, the latter disease was not considered. On close questioning it was found that the blood only occurred in streaks, and was thought to be due to the violent straining during emesis.

Examination *per vaginam* showed that the uterus was prolapsed, the os rigid and the left Fallopian tube swollen. Pepper diagnosed the case as one of sympathetic vomiting, due to reflex irritation from the affected ovary. Pending an operation by Professor Goodell he decided to treat the case as one of gastric disease, and with that object placed the patient on a pill containing one-quarter grain of nitrate of silver with one-half grain of extract of opium. He ordered nothing to be given by the mouth, the nutriment being supplied by enemata.

JEFFERSON HOSPITAL.

TREATMENT OF LOCOMOTOR ATAXY.

BARTHOLOW at a recent clinic presented a man aged 35 years, in whom all the symptoms of advanced locomotor ataxy were well marked. In discussing the question of treatment, he said: "If the cord is much damaged, the treatment is very disappointing. The only drug I have found of service is the chloride of gold and sodium, which has some power in restraining the multiplication of connective tissue. It may be given in doses of $\frac{1}{10}$ grain three times a day, and should the disease be of syphilitic origin, may be advantageously combined with minute doses of the bichloride of mercury. Hot baths, Turkish baths and massage are extremely harmful, and in this connection I may state that the amount of harm produced nowadays by the indiscriminate use of massage is equalled only by that other modern craze—drinking hot water."

NITRO-GLYCERINE IN CHRONIC BRIGHT'S DISEASE.

BARTHOLOW, in a recent case of chronic Bright's disease occurring in a little girl, aged six years, where there was high arterial tension, said digitalis was contra-indicated. He strongly advocated the use of minim doses of a centesimal solution of nitro-glycerine, the dose being gradually increased until the physiological effects were produced, and said: "I have seen it produce such good results in so many cases that I have no hesitation in stating that it is to be depended on for its curative effects."

MEDICO-CHIRURGICAL COLLEGE.

COD-LIVER OILS.

WAUGH prefers the plain brown oils either to the emulsions or to the highly purified oils, as he says the first give much better results in his hands.

TONIC FOR CHILDREN.

ATKINSON considers the citrate of iron and quinine a most valuable tonic, especially for children.

DYSPEPSIA.

℞ Acidi hydrochlorici,
Pepsini,
Tincturæ nucis vomicæ,
Syrupi zingiberis. M.

Choose the quantities of the various ingredients to suit the particular case. This is a valuable general remedy in dyspepsia. —*Waugh.*

THREATENED ABORTION.

The old treatment of acetate of lead and opium I consider as still the best for threatened abortion. —*Stewart.*

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PHILADELPHIA

MEDICAL TIMES.

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WILLIAM F. WAUGH, A.M., M.D., EDITOR.

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EDITORIAL.

PRIVATE ASYLUMS FOR THE INSANE.

A CORRESPONDENT, who has, perchance, been perusing Reade's very vivid but hardly realistic romance, "Hard Cash," asks us if the private insane asylum is still in existence.

The thought of a sane man or woman being confined among lunatics is so terrible, that one wonders if a people so tenacious of personal liberty as the Americans would allow an institution to exist which offered the possibility of such a crime. And yet, what safeguards have we for its prevention? Can we truthfully affirm that our laws and the regulations which govern these institutions render the incarceration of sane persons within their walls impossible? We fear the answer must be, that while such a thing is improbable, it is not impossible.

Private asylums are under the supervision of the Board of Public Charities—a body of worthy and capable men. They have the right to inspect these asylums, and investigate any charges of alleged improper restraint.

But who that has visited an asylum has not been addressed by numbers of the inmates with just such statements! Some are obviously insane, even to the perception of non-professional visitors. Others reveal their insanity if allowed to have their say out. In other cases it requires the study of weeks or of months, with careful sifting of the previous history, to determine the question of their sanity.

We recollect one case in which a man had spent over a year in an asylum and the officers were still unwilling to pronounce him insane.

If the visitors investigate every case which appeals to them, their task is an exceedingly onerous one, and they will have no time left for other duties. If they do not go to this trouble, but take the word of the physician in charge, that "there is nothing in it," they leave the possibility of a terrible wrong to remain in existence.

We do not wish to be understood as believing that sane persons are actually confined in mad-houses to-day. Our contention is that such a thing should be an *impossibility*; and it is not.

It may be said that patients can appeal to their friends or their legal advisers. But in many cases of insanity this would seriously interfere with the treatment, and impair the chances of recovery. Sometimes a case which is progressing favorably will receive a fatal set-back from the visits of friends, who may by unwisely prying into the patient's mental state, tearing open the wound to see if it is healing, frustrate the labors of months. Consequently, the visits of friends, which would afford some chance for escape to a sane man, are likely to do great harm to those who are really insane.

With the public asylum, these objections do not obtain. The officers are supported by the state; they are not pecuniarily benefitted by the retention of wealthy patients, and they take pride in sending out as many recoveries as possible. They have no temptation

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to receive improper cases, and it is their interest to send their patients home as soon as they have recovered.

The proprietor of the private asylum has his business interests; he has bills to pay, and the recovery of a good paying patient is money out of his pocket. Suppose he is in financial straits, and a wealthy patient is sent to him whose bills for board may be enough to avert a failure, but whose insanity consists in simple eccentricity, and in his being in somebody else's way. Is it right that men should be placed in such an attitude towards the patients confided to their care? Men are not *all* actuated by the purest motives. It has been suspected that the operation for restoring a lacerated cervix is occasionally done for the sake of the fee rather than because it is really needed. Men who deal with the insane may persuade themselves that a person is "once insane, always insane," and thus justify themselves for looking on their institutions rather as places of restraint than hospitals for cure.

The remedy for this is obvious. Shut up the private hospitals. They are not needed. The public asylums are fully equipped with every necessity for the treatment of the insane, and the private asylums add nothing except the additional space. They are unnecessary; they are founded on wrong principles; they are dangerous; they are relics of the dark ages, and they ought to be abolished.

MANAGEMENT OF POST-PARTAL HEMORRHAGE.

NO one who has not had to shoulder the responsibility of a death occurring from fatal post-partal hemorrhage, or who has not been present at the time of such an accident, can appreciate the awful suddenness and the need of prompt, energetic action under these circumstances. As is well known, it is one of the most frequent complications of delivery, especially where the accouchement has been conducted with the patient under the influence of an anæsthetic; the administration of ether, in the author's experience, usually predisposing to this accident. Fortunately it is, to a great extent, a preventable accident; and of this every novice in the practice of obstetric medicine should be firmly convinced. In the majority of cases it is induced by the too precipitous extraction of the placenta, which is torn away instead of being gradually detached from its uterine attachment by the contraction of the uterus. If the uterine contractions be regular and continuous the vessels must of course be sealed up and the hemorrhage effectually prevented. Uterine inertia after labor, then, may be regarded as one great primary cause of post-partal hemorrhage; but there are certain secondary causes which tend to produce it, and of these, one of the most frequent is the fatigue following a protracted and retarded delivery. The uterus is tired out by its expulsive efforts, and when the child is born it remains in a relaxed state. Over-distension of the uterus, from hydramnion or from multiple pregnancy, acts in the same way.

The rapid evacuation of the uterus, rendered imperative by the necessity of haste to deliver in cases of eclampsia or of placenta previa, often gives rise to frightful hemorrhages; owing to the fact that there is not sufficient time for the complete separation of the placenta. Another important cause of post-partal hemorrhage is a partial and irregular contraction of the uterus, part of the uterine muscle being firmly contracted while other portions are relaxed; and the latter is very often over the placental site. Placental adhesions may also conduce to this condition. The constitutional fault or the predisposition to flooding also plays an important part in the bringing about of this condition; indeed, the only fatal case that the author has ever seen was due to this cause. The loss of blood may commence immediately after the birth of the child and before the expulsion of the placenta, or may come on after the delivery of the placenta. The amount of blood lost will vary

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from the slight continuous hemorrhage to a sudden and awful *flooding*.

As regards the treatment of post-partal hemorrhage, if the practitioner make a habit of never removing his hand from contact with the uterus (through the abdominal wall) until after the child and the placenta are expelled, he will have the best means of avoiding this accident. As regards the use of ergot, it is best never to give it until after the contents of the uterus are expelled —to wait until after the placenta is delivered.

Of late, a revolution has taken place as to the best means to control post-partal hemorrhage. It is generally agreed that it is necessary, first, to secure the complete emptying of the uterus; and, secondly, to insure prompt uterine contraction, or what may be called primary involution of the uterus. The best means to secure these two conditions are to not exert much tractile force in the delivery of the placenta, and to secure prompt contraction of the uterus as soon as the placenta is expelled. Manual delivery of the placenta is at all times to be avoided, unless the uterus fails to accomplish this object. By adopting the method of Credé—by pressing upon the uterus as the placenta is expelled—we can usually avoid this accident. As soon as the uterus is delivered of its contents it is best to give the patient, immediately, a drachm dose of fluid extract of ergot, repeating the same in the course of ten or fifteen minutes if firm uterine contractions do not ensue. Where the amount of blood lost is large and the hemorrhage vigorous, it is best controlled by the intra-uterine injection of hot solutions of corrosive sublimate (1–2000); which at once induces firm, tonic uterine contractions, washes out any clots that may be in the cavity of uterus, and at the same time places the uterine canal in an aseptic condition. The temperature of the injected fluids should be 110° F. Where intra-uterine irrigation for the control of post-partal hemorrhage is practised, it is well to secure the further and constant aseptic condition of the uterine cavity by the introduction of an iodoform bascillus. This method has been pursued by the author in hospital and private practice with the happiest results, and has yielded much better results than the older methods of the introduction of astringent solutions. Until the douche or irrigator can be gotten ready, hemorrhage from the uterus after delivery is usually easily controlled by manual compression — the lips of the utures being grasped and the fingers of the one hand carried into the vagina, while firm compression of the fundus is made with the other hand through the abdominal parietes. In order to prevent recurrence of the hemorrhage, the child should be promptly put to the breast and kept almost constantly there; a drachm dose of fluid extract of ergot should be administered every two or three hours. Every practitioner of medicine should be, I take it, compelled by law to provide himself with the necessary apparatus for irrigating the uterus, and with a supply of fluid extract of ergot, which he should take with him to every case of labor that he is called upon to attend. These precautions followed out, we doubt if any fatal case of post-partal hemorrhage would occur.

C. M. W.

ANNOTATIONS.

AN UNJUST JUDGE.

We are sorry to be compelled to call attention to this matter, but the Virginia Examining Board has, by its very peculiar method of registering applicants for examination, been instrumental in spreading an untrue report concerning the Medico-Chirurgical College of Philadelphia; and, although its attention has been repeatedly called to the matter, the Board has not rectified it.

In the report of this Board it is stated that there were three candidates from the college in question—all of whom failed, and two of them failed at their second trial. On inquiry it turns out that there has been but one candidate before the Board, who has made three attempts and failed each time.

Starting with the supposition that this Board has no special reason to be inimical to the college in question, we would like to know why the registry is made in such a manner as to give the

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impression that three candidates were rejected. Many journals have commented on this case, and everyone has understood that there were three candidates. The Board should make its reports in such a manner as to be intelligible.

Supposing the Board to be impartial, why has it not registered the candidates from all colleges in the same manner? If one man examined three times is registered as three first failures and two second failures, how does it happen that in other cases we see records of *one* first failure and one second failure credited to the same college? If the registry were made as it was with the Medico-Chirurgical College, it should read two first failures and one second failure.

Having thus published a record which, as everyone reads it, is literally untrue, without a word of explanation to prevent the injustice which such a report was bound to do the college; having registered this college's candidate in a way to make the worst possible showing for it, and used a different method for other colleges, the Board was in honor bound to correct the slander it had put into circulation. This, however, it has not done. We know of no reason which should make the Virginia Board hostile to this college; but this method of operating looks more like the trickery of an unscrupulous enemy than the work of an honest and impartial judge. The only explanation we can give is that the Board has been manipulated by parties who are hostile to this college. Such things are not calculated to greatly elevate the standard of medical education.

THE LICENSER'S BILL.

At the time of writing, the prospects for the passage of the bill for the creation of a State Board of Examiners and Licensers for this State appear to be good. The committee has been in correspondence with nearly 500 of the most prominent physicians of the State, and but three have written letters in opposition to it; two of them being those published in previous numbers of this journal. All over the State there has been developed an earnest desire to elevate the standard of the profession and secure official recognition to those who are worthy of it.

While some have objected to various features in the bill, all have agreed that its passage will be a great step in advance, and have wisely consented to waive minor objections in order to secure the greater good.

The bill has been somewhat modified in accordance with the advice of legal authorities, and is now as complete as it is possible to make it. The burning question has been that of the exclusive schools. Some of the homœopathists objected to the bill under the impression that they were excluded from representation; while the fact that class legislation must be avoided precludes the introduction of their specific designation. The only way to remedy this difficulty was to enlarge the privilege of the appointing power. By the terms of the bill as it now stands, the governor is empowered to select the board from lists of eighteen names, of physicians now registered, presented by each of the Pennsylvania State Medical Societies. The Governor can at his pleasure appoint all or any part from either society. Some apprehensions were expressed that the Governor would exclude the regular profession or the homœopathists, and thus place the party excluded at a disadvantage; but the chances that Governor Beaver, or any person the citizens of Pennsylvania may deem worthy to succeed him, would do anything so unjust and impolitic are too trifling to be taken into consideration. No bill could possibly be framed which would provide for every remote contingency by which some person might be wronged, and yet accomplish the object.

DR. HAMILTON'S RESIGNATION.

Dr. Hamilton has resigned the editorship of the Journal of the American Medical Association; Congress having passed a bill which gives a secure life tenure to the Surgeon-General of the Marine Hospital service, and raised the salary to $5000. Those who are in a position to appreciate the work which Dr. Hamilton has done as Surgeon-General, will be well satisfied to know that this responsible office will still be filled by him. Meanwhile the A. M. A.

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must find a man who can do for their journal what Ernest Hart has done for its British compeer. The union of professional knowledge, discrimination and business ability, in a man who is willing to accept the position, with its moderate salary and uncertain tenure, is not easily to be found.

QUININE FOR TETANUS.

DESPERATE cases demand desperate remedies. The average man is apt to believe that as a tack hammer is not good to drive spikes, so when we have to face such a grisly pathological giant as tetanus, the remedy should bear some proportion to the size of the disease. And sometimes the average man is correct in both premises and conclusion. Some years ago we received a letter in which the writer, a Southern physician of much experience, stated that many years before the war his father had a case of tetanus, to which by mistake an ounce of quinine was given at one dose. The patient recovered. Subsequently, both father and son treated tetanus with quinine in doses of 100 grains, with great success.

In the *Southern Practitioner*, Dr. Pugh of Texas reports a case of tetanus in which he gave 100 grains of quinine with six drops of Norwood's tincture of veratrum viride. In twenty-five minutes the patient was sleeping, and rested well for three hours. The dose was repeated in eight hours, and every eight hours subsequently, reducing by twenty grains. The convulsions ceased in twenty-four hours, and in six days the patient was well enough to call at the doctor's office.

Some irritation has been caused by the neglect of our subscribers to read our announcements. The TIMES does not receive subscriptions except in advance. When a subscription has expired, it is the subscriber's business to notify the publishers if he wishes it stopped; and if he fails to send such notice the law makes the subscriber pay for the journals which are sent him. Last year we adopted the plan of stopping the journal as soon as the subscription had expired; but the complaints were loud and deep, and we often found ourselves unable to supply the back numbers. This year, to please these persons, we continued to send the journal, and also sent a bill for the advance subscription. In a few cases, the recipient appears to have supposed we wished to collect a second time for the last year, and we have received several letters to that effect.

Hereafter the TIMES will stop at once when the subscription expires, and we will not undertake to supply back numbers. The date at which each subscription expires is plainly printed on each address, and if any reader takes so little interest in the journal that he will not note when his subscription expires in time to renew promptly, the TIMES will try to get along without him.

FEMALE PHYSICIANS.

The theory has been advanced that women who are masculine in their tastes, who prefer men's ways and occupations, for which women are especially unfit, such as that of physicians, are probably in reality of imperfect development; that their genital organs will be found to exhibit a tendency to hermaphroditism.

This is probably the most fatal blow yet struck by the opponents of female physicians; and it is absolutely fiendish to spring such an idea, now, when so many ladies have already committed themselves by taking up the study.

PARIS LETTER.

SÉE ON STROPHANTHINE.

PROFESSOR GERMAIN SEE reports to the Academy of Medicine his ideas about strophanthine in particular and the alkaloids in general. Considerable difference of opinion has always existed in regard to whether it is well to give strophanthus or strophanthine; many claiming that a tincture of this plant acts better than the alkaloid, and an infusion of digitalis better than digitaline. Dr. Sée, however, puts his foot down in his usual energetic style, and says that to fulfil all therapeutic indications we should give the essential principles, that is, the alkaloids and glucosides, which he says have an incontestible superiority over the plants in any form; quinine

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over cinchona; morphine over opium; atropine over belladonna; and digitaline over digitalis.

According to the professor, we should do honor to modern medicine and chemical biology, by always prescribing the alkaloids.

It is only just, however, to state that Drs. Dujardin Beaumétz and Henri Huchard agree to differ with Dr. Sée in so far as concerns digitalis, which they, in common with the larger number of physicians in Europe, at least, prescribe in infusion. And we are certain that some physicians prefer cinchona to quinine in certain cases.

The question is open. What do you in America say?

HEART DISEASES.

Dr. Sée then proceeded to define heart diseases, and he insists first of all that there are a large number of heart cases that go on for years, some as much as twenty-five years, without any need of aid from drugs. The most frequent are cases of aortic insufficiency in young males; and in the second class are those of mitral stenosis that he has seen in young chlorotic females, but which leaves them in fair health. When, however, mitral stenosis is seen in men, later in life, it is most fatal and dangerous; but not so much so as mitral insufficiency, which is always fatal, and goes on from bad to worse, no matter what is done. This notwithstanding English doctors who have published pretended cases of cure, which is not possible, as it is never cured. The danger in heart troubles increases when the hypertrophy is caused by sclerosis of the arteries of the heart itself; above all, of the coronary arteries.

In regard to therapeutics in heart cases, Dr. Sée says that in presence of these differences it is not at all astonishing that strophanthus and other drugs appear to produce an amelioration; but if the heart has weakened or deviated from its comparative force, we should always give sparteine or strophanthine. If there is oppression, which is the first sign of a loss of circulatory equilibrium, then give iodide of potassium.

When there is dyspnœa, always give the iodides; when there is hydropsia, use caffeine and digitaline.

The diuresis obtained from strophanthus is but slight, not over 2000 grammes; so use in preference the real heart diuretics, such as milk, the benzoate of soda, digitaline and calomel, which are sure.

When the respiration is at fault, use iodides, and give an injection (hypodermic) of antipyrine. As to the neuroses of the heart, it is again antipyrine, sparteine and convallamarine you must look to.

NEW SIGN OF ENDOCARDITIS.

While upon heart diseases we may speak of a new study by Dr. Duclos, (who is a clinical professor of medicine in the medical school at Tours). He calls attention to a clinical fact which seems to have a certain importance as a premonitory sign of endocarditis in acute rheumatism. Bouillaud long ago formulated the laws of coincidence of endocarditis and rheumatism, and since that time careful physicians always make a daily minute auscultation of the heart in all such cases, going over all the points to examine each orifice, and trying to catch the first sound of the *bruit de souffle.*

Duclos in doing this found out some years ago that there was an absence of synchronism between the ventricular contraction and the radial pulsation. In the normal state the pulsation of the artery at the wrist occurs *almost* at the same time as the heart's contraction; with an eighth-second watch there is not a quarter of a second's difference, but in these cases there will be a much longer period; according to M. Duclos, nearly two-thirds of a second's delay; while there is not, as yet, the slightest sound of the cardiac bruit. The next day, invariably, a systolic souffle is heard, showing the existence of endocarditis.

This was proved in a large number of cases for years before M. Duclos brought it to the attention of observers; and he now draws up the following conclusions: 1st. That it is important in all cases of poly-articular rheumatism to make a complete auscultation of the heart daily, and *keep the finger at the same time on the radial pulse.* 2d. In such cases at a certain period there will often be found an asynchronism be-

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tween the cardiac and the radial pulsation; which is a premonitory sign of endocarditis, and this will be found some twenty-five to thirty hours before the *bruit de souffle* can be detected.

The practical outcome is to institute an energetic treatment as soon as this sign is found; and M. Duclos claims to have done much good by so doing. He advises at once to put a large flying blister over the cardiac region, for several hours only, removing it as soon as the skin burns with the cantharides; or, to use some other form of counter-irritation, such as mustard, or dry cups, while the internal medication, be it salicylates or quinine, should be largely increased. Experience has shown that this treatment has given excellent results in such cases.

HUCHARD ON NEW DRUGS.

Huchard, speaking of new drugs, says that, for some time back, he has looked upon the latest inventions with distrust. We have the old ones, which have been proved and tried for years; and still we are not yet fixed on their real physiological action or their therapeutical indications. For instance: all authors proclaim digitalis to be the best of cardiac medicines; and yet every day a new drug is brought out with this particularity: that it is to replace digitalis. All the same, the careful doctor still gives the old drug.

There are four important diseases for which therapeutics and therapeutists still hesitate: they are typhoid fever, pulmonary phthisis, diphtheria, and heart disease. For the last, all are just now greatly in favor of strophanthus; which, while M. Huchard thinks it may be an excellent remedy, is still untried and not fixed in its indications. In the meantime, digitaline, declares M. Huchard, is in no way endowed with properties similar to the mother-plant, digitalis.

ANTIPYRINE FOR URINARY CALCULI.

Huchard gives some cases to prove a new action in antipyrine, which certainly seems to increase in favor constantly. It now seems that it has a curative action in dissolving calculi in the urinary passages. Two cases are given of men who suffered with violent nephritic pains. One of them found the relief from pain so complete that he continued to take one gramme of antipyrine per day for six months; and Huchard was astonished to find that not only had the pain gone, but there was no longer any gravel in the urine; whereas before he excreted large quantities. Chemical examination of the urine, which had become clear and limpid, showed that there was only a normal quantity of uric acid.

The second case was one of Loeig's, of Carlsruhe: a man of 70, who had suffered for years with pain in the lumbar region, with a renal lithiasis. On taking only 0.10 centigrammes of antipyrine per day, the pain left him and the excretion of the urates stopped.

It has been stated by Renant, of Lyons, and others, however, that antipyrine *shuts up the kidney;* and many give the diuretic waters (Vittel, Contrexeville, etc.) with antipyrine.

Huchard gives antipyrine as follows, to prevent any digestive troubles:

℞ Antipyrine..... ..15 grammes
Bicarbonate of soda. 5 grammes
M. Ft. 30 cachets. Sig.—Take one or two in *the middle* of meals.

ANTIPYRINE DURING MENSTRUATION.

M. Huchard also gives a *contra-indication* for antipyrine: Never gives it during the first two or three days of the catamenial flux. It has been proved by Henoque that antipyrine has a strong hemostatic action, and when it has been given during the menstrual period, it has not only arrested the courses, but also caused fainting, with trembling of the limbs and cyanosis of the face; while in one case there were repeated attacks of syncope.

PHENACETINE.

Phenacetine, M. Huchard concludes, is much inferior to antipyrine. Ringer, while admitting "that his experience with it was limited, still is sorry to say that it is not favorable."

SULPHONAL.

Before closing with M. Huchard's ideas, we may say that he finds sulphonal of use as a hypnotic, but not as an analgesic. He tried it on a number of patients, and ten times out of fifteen

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it was useful. It gives rather prolonged sleep, sometimes dreams and nightmare, and on waking a feeling of weakness and giddiness. It does not seem better than chloral, but it can be given in *cachets* of ten grammes for producing sleep, or in doses of two or three grammes to nervous patients as a sedative. Give with it beef-tea, soup or milk, to assist its effects. Dr. Moutard-Martin, physician to the Hotel Dieu, took it himself to procure sleep, and found that it acted slowly but well, except on waking he felt *malaise* for several hours; privately, he said, he felt as if he had been on a bust.

URÆMIA.

Dr. Dujardin-Beaumetz in a late article indicates the best method in kidney cases to prevent the formation and accumulation of toxic substances. This is the greatest question of the day, how to get rid of the *ptomaines* which we eat with our food or which come from an imperfect digestion. We have also to combat the leucomains of the organism.

In a general way, the regimen should be vegetable, with eggs and milk. Eggs should be *well cooked*, so that the albumen will not pass completely through the kidneys; starch foods must be smashed, or mashed into *purée;* because potatoes, etc., must be well boiled; fruits must be cooked, except strawberries and grapes. White wine mixed with Pougne's whiskey may be used, but no spirituous liquors. All meat and fish foods, oysters, etc., etc., must be given up. It is the latter that produce the ptomaines.

Antiferments must be given to regulate the stomach. Dujardin-Beaumétz gives the two following formulas, which are to be taken, one cachet at noon and one at 6 o'clock dinner, of either one of the prescriptions:

Salicylate of bismuth....	ãã 10 grms.
English magnesia.....	
Bicarbonate of soda.....	

Or:—

Salicylate of bismuth....	ãã 10 grms.
Naphthol.....	
Magnesia.....	

Thomas Linn, M.D.

Paris, Jan. 25, 1889.

SOCIETY NOTES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, LONDON.

(Reported by Dr. John N. Donnellan, London).

At a meeting of this Society held on Jan. 22, Sir Edward Sieveking, President, in the chair, a paper, of which the following is an abstract, was read by the Secretary for Professor Humphry:

I.—Back-knee, Knock-knee, Bow-knee, and other Deformities resulting from Deficiency of Growth at the Epiphyseal Lines. By Prof. Humphry, F.R.S., Professor of Surgery, Cambridge University.

A case and specimen of what the author calls "back-knee" were exhibited, in which the deformity is seen to result from a sharp bend backward near the upper end of the tibia, due, as it appears, to a deficiency in growth at the fore part of epiphyseal line. "Knock-knee," he stated, depends in most cases not, as commonly said, upon overgrowth of the internal condyle of the femur—overgrowth in a bone or part of a bone being a rare occurrence—but upon deficiency of growth of the outer or condyloid part of the femur at the epiphyseal line; and a specimen illustrative of this was shown. The deformity is in some cases exaggerated by rickety flexure in the femur or tibia, or both, and may be entirely due to such flexure. "Bow-knee" may be also due to similar flexures in an opposite direction; but is often dependent, partly or wholly, upon deficient growth at the inner part of the epiphyseal line of the tibia or of the femur. Specimens of deformity at the upper end of the humerus, attributable to the like cause, were shown, and the deformity in "lateral curvature of the spine" was also referred, in part at least, to the interference of growth at the upper and lower epiphyseal lines of the bodies of the vertebræ. These several deformities the author regarded as being of a rickety nature; the growth, including ossification as a part of that growth, which takes place almost entirely on the shaft side of the epiphyseal lines, being, as is well known, commonly defective in rickets, and productive of that familiar bulging of these lines con-

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sequent on their inability to resist the pressure to which they are subject. The epiphyseal lines of the femur and tibia near the knee, especially that of the femur, being those in which growth takes place to a greater extent than in any other part of the body, are the most likely to manifest imperfection; and forasmuch as growth in them is continued to a later period than in other parts of the skeleton, the imperfection often manifests itself here at a later period than in other parts, sometimes not till the other evidences of rickets have passed away, and not unfrequently in persons in whom no other signs of rickets have been observed.

In the discussion which followed Mr. Adams remarked that one of the most characteristic of the group of rickety deformities was the defective ossification of the epiphyses, resulting in a deficiency in the length of the bone—a long body and short legs were typical of rickety subjects. Mr. Edmund Owen, referring to the question whether those deformities were due to a defective condition of the bones or the ligaments, said the weaker structure would yield first—the bones yielding in the direction of their natural curves.

II. *On a Peculiar Obstructive Form of Laryngeal Tuberculosis which Simulated Bilateral Abductor Paralysis.* By PERCY KIDD, M.D., F.R.C.P. (Physician to the Brompton Hospital.)

This paper was based upon six cases in which symptoms of laryngeal obstruction were found to be due to persistent fixation of the vocal cords in the position of phonation, simulating bilateral paralysis of the crico-arytenoidei postici muscles.

In all these cases the patients were the subject of phthisis, and tubercular lesions were present in the larynx; but in no instance was there sufficient swelling of the soft parts to occasion stenoses, which was amply accounted for by the condition of the "rima glottidis."

In three cases a necropsy was obtained.

The pathogenesis of this affection was discussed, and reference was made to the work of others. The conclusion was drawn that stenosis of the glottis from fixation of the vocal cords in the median situation, simulating bilateral abductor palsy, may occur in tubercular disease of the larynx as the result of at least three causes:

1. Dense tubercular infiltration around the arytenoid cartilages, secondarily involving the perichondrium and leading to false ankylosis of the crico-arytenoid joints.
2. Ulceration and morbid adhesion of the altered vocal cords.
3. Suppurative crico-arytenoid arthritis.

The clinical points raised by the narration of the cases were then considered, and attention was drawn to the question of tracheotomy, the conclusion arrived at being that tracheotomy or some other surgical measure is indispensable when this condition of the glottis is detected.

DISCUSSION.

DR. DE HAVILAND HALL said that the condition was one which had not hitherto received the recognition it deserved. He hoped that in future more attention would be directed to the subject. He mentioned the case of a lady respecting the condition of whose larynx he had been consulted a few days previously, when he found very much the condition described by Dr. Kidd; the only difference being that the cords instead of being fixed in the position of phonation were nearer the cadaveric position. Under ordinary circumstances the more powerful abductors were likely to overcome the adductors, but in exceptional cases the cord did become fixed in the cadaveric position. He thought that in some cases thyrotomy was worthy of consideration, but no one who had witnessed the physical misery of patients with laryngeal phthisis after tracheotomy would care to recommend that course unless *in extremis*. If, by splitting the thyroid, the parts causing the obstruction could be removed without setting up perichondritis, they would be justified in recommending the operation as likely to save the patient much suffering.

DR. DOUGLAS POWELL said that as far as his experience went he agreed with Dr. Kidd as to the fixation of the cords

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being due to tubercular infiltration. His own case did not die, and was alive now for aught he knew to the contrary, as it was at a comparatively early stage. He was under the impression that there was some crico-arytenoid arthritis, but of course that could not be affirmed. He commended the caution recommended by Dr. Kidd in advising surgical interference. In the cases operated on at the Brompton hospital the patients were actually menaced with asphyxia. The invariable presence of concomitant disease of the lungs rendered any operation undesirable.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE-HOSPITAL SERVICE FOR THE FIVE WEEKS ENDED JANUARY 26, 1889.

Carter, H. R., Passed Assistant Surgeon.—Leave of absence extended six days.

Wheeler, W. A., Passed Assistant Surgeon.—When relieved at Buffalo, N. Y., to proceed to Cleveland, Ohio, and assume charge of the Service, January 3, 1889.

Urquhart, F. M., Passed Assistant Surgeon.—To proceed to Buffalo, N. Y., and assume charge of the Service, January 3, 1889. Placed on waiting orders, January 12, 1889.

Carrington, P. M., Passed Assistant Surgeon.—Granted leave of absence of thirty days, January 25, 1889.

Williams, L. L., Passed Assistant Surgeon.—Granted leave of absence for fifteen days, December 26, 1888.

Petters, W. J., Assistant Surgeon.—Ordered to examination for promotion, January 15, 1889.

Magruder, G. M., Assistant Surgeon.—To proceed to Louisville, Ky., for temporary duty, January 22, 1889.

Kinyoun, J. J., Assistant Surgeon.—To proceed to Baltimore, Md., for temporary duty, December 29, 1888.

Condict, A. W., Assistant Surgeon.—Granted leave of absence for thirty days, January 26, 1889.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING FEBRUARY 2, 1889.

P. A. Surgeon H. B. Scott.—Detached from Naval Hospital, Mare Island, Cal., and granted one year's sick leave.

P. A. Surgeon J. H. Hall ordered to Naval Hospital, Washington, D. C.

Surgeon H. C. Eckstein detached from U. S. S. "Adams" and wait orders.

Surgon W. S. Dixon detached from special duty at Baltimore, Md., and to the U. S. S. "Boston."

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, FROM JANUARY 27th, 1889, to FEBRUARY 9th, 1889.

By direction of the Secretary of War, Colonel Jedediah H. Baxter, Cheif Medical Surveyor, will proceed to New York City.

By direction of the President, Lieutenant Colonel Joseph C. Baily, Assistant Medical Surveyor, and Major Charles L. Heizmann, Surgeon, are detached as members of the Army Retiring Board at San Antonio, Tex., convened by War Department, order dated January 16.

By direction of the President, Major George M. Sternberg, Surgeon U. S. Army, will proceed to the Island of Cuba for the purpose named in the letter of the President addressed to the Secretary of War, April 17, 1888, and upon completion of this duty will return to his proper station and submit his report to the President.

By direction of the Secretary of War, Major George M. Sternberg, Surgeon, is relieved from duty as attending surgeon and examiner of recruits at Baltimore, Md.

Captain Henry S. Kilbourne, Assistant Surgeon, having complied with Par. 2, S. O. No. 6, Department of the Columbia, will return to his station, Vanconver Barracks, W. T.

By direction of the Secretary of War, Captain Robert W. Shufeldt, Assistant Surgeon, having appeared before the Army Retiring Board at Fort Leavenworth, Kansas, in compliance with paragraph 1, S. O. No. 4, January 5, 1889, from this office, will repair to this city to await action in his case.

By direction of the Secretary of War, the leave of absence granted Captain Louis A. La Garde, Assistant Surgeon, S. O. No. 290, December 13, 1888, from this office, is extended to three months.

Captain Edgar A. Thearus, Assistant Surgeon Fort Snelling, Minn., will proceed without delay to Fort Pensive, Dak., and report to commanding officer of that fort for temporary duty.

Leave of absence for one month, on Surgeon's certificate of disability, is granted Major L. Y. Loring, Surgeon.

By direction of the Secretary of War, the leave of absence on Surgeon's certificate of disability granted Captain Henry G. Burton, Assistant Surgeon, in Special Orders, No. 19, January 24, 1889, from this office, is extended six months on Surgeon's certificate of disability.

Captain Henry S. Kilbourne, Assistant Surgeon U. S. A., will accompany Battery E, 1st Artillery, changing station from Vancouver Barracks to Presidio, San Francisco., Cal., as Medical Officer, and upon completion of this duty will report to the Commanding General, Division of the Pacific, for further orders.

Leave of absence granted Captain Curtis E. Price, Assistant Surgeon, in S. O. No. 26, A. G. O., Nov. 13, 1888, is extended two months.

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PHILADELPHIA MEDICAL TIMES.

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No. 552. MARCH 1, 1889. VOL. XIX

ORIGINAL ARTICLES.

INEQUALITY IN LENGTH OF THE LOWER LIMBS AS A CAUSE OF LATERAL SPINAL CURVATURE.

BY THOMAS G. MORTON, M.D.,

One of the Attending Surgeons to the Pennsylvania Hospital, and to the Orthopædic Hospital of Philadelphia, etc.

Read by invitation before the Bucks County Medical Society, January 19th, 1889, at Quakertown, Pa.

CONFORMING to the type of the higher vertebrates to which he structurally belongs, we see in man a symmetrically arranged skeleton, provided with a pair of upper or anterior extremities, and with a pair of inferior or posterior extremities. Each part of one side of the body, with the exception of the viscera, has its counterpart upon the opposite side. Even deformities, such as club-foot, supernumerary fingers and toes, etc., are commonly bi-lateral. Disease, also, as in the case of some eruptions upon the skin, or joints affected in acute articular rheumatism, is apt to show the same disposition to symmetry. But with all this general resemblance, upon closer examination, there may be found minor points of

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difference between corresponding parts. These differences, congenital or acquired, are seen in the relative power and development of the various structures, as well in girth as in length, which, taken collectively, tend to give one side of the body preponderance over the other. Indeed, even the weight of the two lateral halves of the body is not the same. Struthers (1.) of Aberdeen, has found that, partly owing to the greater bulk of the liver being upon the right side, and partly owing to better development, in the adult the right half of the body usually exceeds the left by some fifteen ounces. This want of balance between the two sides, under favoring circumstances, may affect the rate of development of the right lower extremity, and hasten or retard the occurrence of osseous union between the shaft and epiphysis of the femur, and thus arrest, or else favor, the increase in length of the bone by influencing the period of disappearance of the cartilage between the shaft and condyles.

That considerable variation may exist in the length of the arms is a generally recognized fact, this being due, in some cases at least, to the greater amount of blood and nerve force directed to the arm most actively employed. Thus, the "base-ball pitcher's arm" and the "lawn-tennis arm" are names in common use, indicating the fact and implying the explanation of the greater size of one arm over the other. The discrepancy, however, is not always the result of greater functional use; it may be a natural difference. The distinguished anatomist, Hyrtl, states that "both of the upper extremities are seldom of the same length. The difference is in favor of the right by two or three lines. From congenital causes the difference may be greater; but is not, except in cases of great deformity, betrayed so readily as those of the lower extremities, which becomes manifest by limping. Also, the strength of the upper extremities is seldom equal. This is not owing to the greater use of the right; but there is an original difference in the muscular development of both extremities, in favor of the right one, which gives to this a marked prevalence over the left."

Richard Owen, in his well-known essay "On the Nature of Limbs" (2), insists upon the homology existing between the lower and upper extremities, as similar segments of the body, each being highly specialized developments of the diverging appendages of the haemal arch, though each segment differs from the other.

The lower limbs might then be expected to show variations in size or in length, in a similar manner to the upper extremities; and in a certain proportion of cases, the variation might be considerable. Indeed, this has not failed to attract the attention of pathologists on the one hand, or of artists upon the other. Sir James Paget says that "Few things in nature appear more constant and exact than that symmetry of organic form which is shown in the likeness of the several members of each two or more corresponding and similarly useful parts; the example nearest to each of us is the symmetry of the two side-halves of his own body; it usually appears perfect, and yet it is probable that the symmetry is never quite perfect, never mathematically true. Anyone who will carefully compare the two or more similar component parts of himself, or of any animal or plant, or any bi-lateral organ of either, will find, within the general likeness, some unlikeness of size or form, of texture or color, or of all these together. Just as between parents and offspring the likeness is general and constant, but never perfect, so it is between the halves of each individual. Invariably nature varies."

I need not dwell further upon this lateral asymmetry. We know that eyes are never exactly alike in shape and frequently differ from each other in their refraction; one ear is often larger or lower than its fellow; one side of the face is fuller than the other; even the two lateral halves of the skull, as shown by the "conformateur" or head-measurer, are not symmetrical. We are, therefore, prepared to accept as a fact a certain amount of inequality in the lower limbs, naturally existing, and not dueto any preceding disease or bone-injury. This is well-known to artists.

The great models of the antique present no perfect bilateral resemblance,

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and if they were alike in a work of art, we should say at once the artist had not studied nature.

"It is undeniable," writes Miss Sartain, the Principal of the Philadelphia School of Design, "that the Greek sculptors had perceived bilateral asymmetry in nature. Even in their ideal heads one can find it. The Venus of Milo and the Ajax show marked disparity in the two sides of the head. The famous statue of the Apollo Belvedere has one leg, the left one, longer than the other by a couple of inches (Winckelmann, 'History of Ancient Art'); Bowles, in his work on 'Proportion of the Human Body,' has similarly noted that in the Venus Aphrodite, the right limb is the longer. Measurements of the lower extremities show that the limbs are very commonly unequal in length. Indeed, this condition is so universal that bilateral asymmetry can properly be said to be the rule and not the exception.

Now, this difference in length of the lower limbs may be sufficient to require the attention of the surgeon. In the case of the arms, a variation of an inch or so may occur without injuring the health, or materially impairing the efficiency of the individual so affected. With the lower extremities, however, the conditions are different; the legs are not only employed in muscular movements, such as walking, running, kicking, etc., but they also support the body.

The study of the results of inequality of the lower limbs has engaged my attention more or less since 1873, when my mind was accidentally directed to the occurrence of what I may term "normal asymmetry" of the lower limbs, by the case of a man in my wards at the Pennsylvania Hospital, who, after a recovery from a fracture of the thigh, showed a difference in length between the two limbs of one inch; but the fractured limb was the longer. The fact that such a difference in the length of the limbs could exist prior to fracture had not been suspected by surgeons up to that time. With the assistance of my resident physician at the hospital, Dr. William C. Cox, I examined a large number of uninjured limbs in adults and in children of different ages. We were surprised to find that adults with limbs of equal length were very rare, the rule being to find one-sided shortening of from one-eighth to seven-eighths of an inch, in perfectly sound individuals, and who were entirely unconscious of the fact that their limbs were of unequal length.

Nor is asymmetry confined to the human family. Professor Joseph Leidy informs me that "in the course of my studies in zöology and comparative anatomy, I have had occasion almost incessantly to notice more or less abnormal symmetry, in contra-distinction to that which must be considered normal, as the usual want of symmetry in the abdominal digestive apparatus; in the development of the female generative apparatus on one side only in birds, etc. It would appear as if there were even great difficulty in maintaining ordinary bilateral symmetry. In the cetaceans the nose commonly exhibits more or less want of symmetry; and in man I have never found complete symmetry throughout the nasal cavities. I have nowhere read of observations like yours, which appear to me to be so important in their practical application."

I have on several occasions invited the attention of the profession to this subject, as probably most of you are aware, in papers read before the Academy of Surgery, the Philadelphia College of Physicians and other societies, as well as in clinical lectures. At a special clinic given at the Pennsylvania Hospital, in August, 1887, in honor of a number of foreign delegates to the Ninth International Congress, who were passing through Philadelphia, I demonstrated this inequality of the limbs, and showed its relations to lateral curvature of the spine. On their return home an official report was made to the British government by one of the delegates, Deputy Surgeon-General J. A. Marston. In this report I find the following very appreciative and complimentary reference to that clinic:

"One of the most interesting and practical demonstrations with which Dr. Morton favored the foreign delegates to the Ninth International Medical Congress at the Pennsylvania Hospital, was connected with his investigations

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into the prevalence and effects of asymmetry, as evidenced in the lower extremities especially.

"Dr. Morton was good enough to illustrate his observations by the example of numerous patients and others, and he showed us a simple and somewhat neglected way of detecting this asymmetry; whether resulting from natural or acquired condition or from accidental injuries.

"The simplicity and accuracy of his procedure, and the sufficiency of the landmarks as guides, appeared to leave nothing to be desired; and it was curious to note the expression of comfort on the part of the patients to which the removal of asymmetry gave rise.

"Since my arrival in England I have had an opportunity of testing this method to a limited extent.

"A tall, well-built, young officer of the Royal Artillery came before a medical board in regard to a pension for a wound of the thigh, sustained in Burmah. The femur had been fractured in its lower third by a ball about a year ago. The wound was quite healed and the bone firmly consolidated, though much enlarged. I noticed that he walked very badly, and that his gait was awkward, out of all proportion to what it should have been for such an amount of injury.

"On stripping him and making him assume an erect posture with the heels on a level with one another, the obliquity of the two folds of the buttock was very obvious; he was asymmetrical, and he assumed many positions to adjust himself in equilibrium.

"By means of a book, which I opened at different depths, and interposed between his foot and the ground, I was able to restore the two folds of the buttock to exactly the same level, when he not only stood erect with ease, without signs of what would in drill language be called 'unsteadiness in the ranks,' but he spontaneously remarked, 'That is comfortable.' I told him how to proceed to get a correct measurement of the necessary addition to one boot, or, what would amount to the same thing the amount of diminution of the other to make him walk level and symmetrical.

"I found that the heel of the boot he wore fell short of the requirements of his case."

Since the publication of the results of the observations of Dr. Cox and myself, in 1875 (3), a large number of papers have appeared confirming the views I held. Dr. John B. Roberts measured the tibias and femurs of eight skeletons, and found the corresponding bones to be quite unequal, thus demonstrating conclusively the folly of insisting upon obtaining equal length of the limbs after the fracture of one of them. In the *Journal* of *Anatomy* and *Physiology*, for 1879, Dr. J. G. Garson (4), reports the results of the measurements of 70 skeletons of various ages and of various races of mankind. In seven instances only did he find the right and left lower limbs of the same length; the left femur was longer than the right in the proportion of more than two to one. Out of 513 boys between the ages of 8 and 18 years, that I examined at the Girard College in 1879, there were 272 with irregularity in the lengths of the limbs. In one case there was a shortening of the right limb of $3\frac{1}{4}$ inches; but this was accounted for by a fracture of the thigh some years previously. The results of measurements were:

91	showed a difference of	$\frac{1}{8}$	of an inch.
100	" "	$\frac{1}{4}$	" "
41	" "	$\frac{3}{8}$	" "
22	" "	$\frac{1}{2}$	" "
12	" "	$\frac{5}{8}$	" "
2	" "	$\frac{3}{4}$	" "
2	" "	$1\frac{1}{8}$	inches.
1	" "	$1\frac{3}{8}$	"

The right limb was found longer in 198. None of the boys had been aware of the existence of any shortening, although an inspection of the legs of their trousers showed one heel more worn than the other. Of 49 young men at Haverford College, accustomed to athletic sports, 13 had limbs nearly symmetrical, the others varied from $\frac{1}{16}$ to $\frac{3}{8}$ of an inch. The right was shorter than the left in 26 cases.

It is therefore the rule, and not the exception, to find a difference in the length of the lower extremities in persons of ordinary health, the result of natural causes and occurring quite independently of antecedent injury or bone-disease.

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Many persons who have marked asymmetry may be totally unconscious of the defect; for no symptoms may have occurred to attract their attention. Other persons, again, with even very slight variations of limb-length, may suffer very considerably.

It does not always seem possible to determine if the inequality in length of the lower limbs is congenital or acquired. Occasionally several members of one family have been found to be asymmetrical; indeed, such defect often appears to be hereditary. As a result of nerve disease of intra-uterine life, an arrest of development occurs, which can always be seen in after life. From this cause arises the varied forms of clubbed hands and clubbed feet. In congenital talipes, there is always more or less palsy or feebleness of certain muscles or groups of muscles, which is never recovered from, and every part so involved shows a permanent variation in volume, as well as in length of limb, when compared with its fellow. Infantile palsies, even if their duration is brief, cause an arrest of development, and the pathological changes, resulting from such nerve lesions are only partially, occasionally never, recovered from. Premature ossification, or injury of the articulation of cartilages, plays an important part in determining variations in the length of limbs.

Lateral spinal curvature, as a result of unequal length of the lower limbs, frequently exists without giving rise to any symptoms. The individual, even, may not be aware of having any such defect. The curvature, which is accommodative, is simply due to adjustment.

"Difference of volume," says Paget, "is often as marked as is that of length, and is sometimes sufficient to suggest suspicion of disease. But the suspicion may generally be dispelled on finding that there neither is now, nor ever has been, any other sign of disease in either limb, and that it is difficult to say which of the two unequal limbs is the better or the more appropriate to the other parts of the body."

The difference of length has usually more importance in practice; for it may be associated with appearances of deformity resembling those which are due to really morbid shortenings of a limb, such as may result from the defective growths during infantile paralysis, or disease of the hip or knee, or any similar affection.

Many cases of suspected slight curvature of the spine are only examples of the adjustment due to inequality of the lower limbs, and in every such case these should be measured and compared.

METHODS OF MEASUREMENT.

The usual method of determining the length of the limb is with the ordinary tape-measure, starting from the anterior superior spine of the ilium, or the upper border of the great trochanter, and carrying the tape along the side of the limb to the lower border of the inner or outer malleolus. This is a very unsatisfactory method. Some years ago, I was so much impressed with the want of accuracy of the measurements made with the tape, that I devised a special form of measuring apparatus (see figure) with which most of my observations subsequently were made, and which answers the purpose very well, especially when the patient is confined to bed.

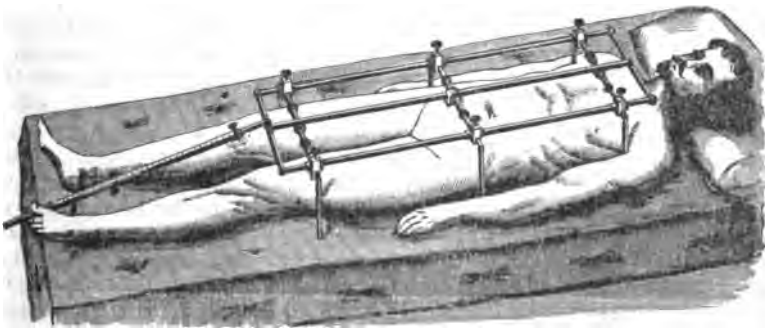

Fig. 1.

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I afterwards accomplished the same end by having the patient stand with his back toward me, with his clothing removed, and then inserting blocks of wood, of different sizes, under the sole of the foot until I determined the exact thickness required to straighten the spine and make the body symmetrical in appearance. In using this method there are three, anatomical landmarks, which must be considered :

1. The vertical, normal line of the spine, made by the slight projections of the spinous processes.

2. The vertical line, or cleft, between the nates.

3. The slightly curved, sometimes nearly horizontal line, which separates the buttocks from the thighs.

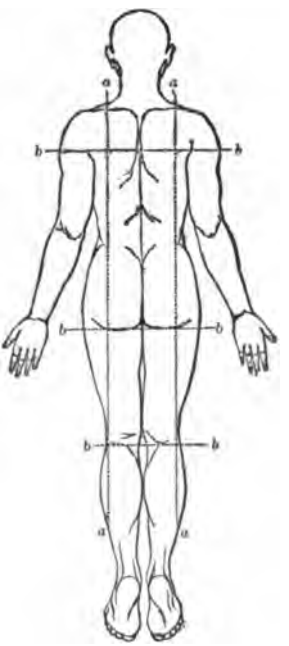

Fig. 2.

Fig. 2, showing outline of back of a symmetrical human figure; *a*, *a*, vertical base lines; *b*, *b*, *b*, *b*, horizontal base lines.

If the body is symmetrical, these three anatomical conditions will practically be symmetrical, and, consequently, there cannot be any appreciable inequality in the length of the limbs. If, however, asymmetry exists, changes at once will be observed, and just in accordance with the amount of shortening of one limb, so will we find a variation in the otherwise normal conditions.

1. The median line of the spine will present a lateral deviation, with a curve towards the short or asymmetrical side.

2. The vertical line between the nates will deviate obliquely towards the short or asymmetrical side.

3. The horizontal, or slightly curved lines, or folds of the buttock, should, in a symmetrical individual, accurately correspond. If asymmetry is present, the fold of the buttock on the short side will be below that of the other.

I have also used, at the Orthopædic Hospital, a series of well-seasoned boards, eight feet in length and four inches in width. By placing one or more of these boards upon the floor, the patient is made to walk with the foot of his shorter limb upon the board; the amount of correctable shortening is practically determined when all irregularity in his walk is overcome. The patient at once notices the relief afforded by equalizing the length of the limbs. This expedient will indicate the proper elevation of heel required to give the greatest comfort to the patient in walking, not only in ordinary asymmetry but also where shortening has resulted from hip disease or other cause.

The use of these blocks naturally led to the devising of a rapid means of applying them, and hence to the invention of the special apparatus for measuring the inequality of the limbs which I now show you.

This consists of a box or stand (much better understood by referring to the apparatus than from a description), which is 20 inches in length, 16 inches wide and 18 inches high, mounted on rollers. Set into the top of the box are two movable blocks, or small platforms, accurately fitting, side by side; these blocks are 16 inches in length by 5 in width. To the under surface of each are attached strong vertical and horizontal screws, the latter projecting on each side of the box, where they are fitted with handles, by turning which the platforms are elevated gradually to any desired height up to six inches. The manner of using the apparatus is as follows: The subject to be examined stands with his back towards the examiner, with his feet accurately placed

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upon the blocks. An assistant then, by turning either handle, can gradually raise the corresponding side of the body; if the longer limb is raised, the deformity will become exaggerated, whereas, if the short limb is raised, the distortion will entirely disappear as the subject becomes "lined up," as the mechanics say, *i. e.*, in parallel line. (See figure.) This is manifested and can be easily recognized by watching the spinal column, the cleft of the nates and the ileo-femoral fold upon each side. When the spinal column and the cleft of the nates are perpendicular, and the horizontal folds between the buttocks are at a right angle with the median line of the body, and the limbs appear symmetrical, the indicator at the side of the box will show the amount of shortening, or the difference in length of the lower limbs.

This apparatus has been for some time in use at the Orthopædic Hospital of Philadelphia, where all cases of spinal curvature, infantile palsies involving the lower limbs, and deformities, are subjected to careful examination for asymmetry. It has been found here that, by means of this apparatus, any inequality of the length of the lower limb can be at once demonstrated, and its degree accurately determined.

THE CONSEQUENCES OF ASYMMETRY OF THE LOWER EXTREMITIES.

Without stopping to discuss the causes of asymmetry of the limbs, whether due to rickets, to infantile paralysis, to nerve lesion during intra-uterine life, or to some subsequent cause of defective development, I will briefly, in conclusion, ask your attention to some of the consequences that naturally follow this condition. My friend, Mr. O. S. Hubbell, formerly a prominent druggist in Philadelphia, has written me a very interesting letter upon the subject, from which I extract the following paragraph:

"The variation of but one-tenth of an inch in the perfect circularity in the tires of the driving-wheels of a locomotive has been known to squander energy enough (measured in cost of extra consumption of coal) in a few years to buy a new locomotive, while the shock of the incessant concussion on the road, and to the locomotive itself, are still further aggravations. Such small deviations from symmetry in motive machines have vast significance; yet the sequences of human asymmetry, so overwhelmingly important to intelligent life, have scarcely realized the attention of practitioners, or have been brought within the scope of practice, nor even recognized until disaster has arisen, possibly at a period of organic development when the physician can play the part only of the tinker instead of a builder or re-builder."

My friend, Mr. William E. Lockwood, of Philadelphia, who has always taken great interest in the subject of asymmetry, as a mechanical question, writes:

"If I rightly understand, you overcome a tendency to disease, or cure disease itself, by doing what we, as mechanics, call 'lining up' and 'getting in balance,' as considered from a mechanical stand-point. The questions involved in this connection relating to railroad travel, and the injurious effects upon bridges, the railroad-bed and locomotives, from an unbalanced or asymmetrical motive-power, are many and complex; but these questions are now being considered and appreciated. I leave it to the judgment of your profession as to what must be the effect produced by an unbalanced locomotive, as most of those in general use now are, which gives the passenger a constant succession of shocks, from the beginning to the end of a journey; and if this is so telling upon the great travelling public, with all the conveniences of spring and air-cushions, and elaborate upholstery, what must be in time the effect upon the brain and spinal column of engineers and firemen, to say nothing of all the other trainmen?

"The cure, in a practical way, is that locomotives should be made perfectly balanced; and this is just what you recommend should be done for asymmetrical people."

I could bring patients before you, or read records of many cases, in which asymmetry in length of the lower extremities caused back-ache, rigidity of the spine, symptoms of spinal irritation, fatigue after walking a short dis-

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tance, sciatica, and so on, but it is my object at present to direct your attention to it as a cause of lateral spinal curvature. That curvature may be due to this cause is a matter of every-day demonstration, since we can make the deformity disappear at once by blocking up the limb. Recently, a couple of boys were brought to my clinic at the Orthopædic Hospital, from an institution at York, Pa., by an elderly physician, who said that the boys had weak ankles, were easily tired and had backaches. I at once stripped them, and placed them upon this apparatus, and demonstrated a lateral curvature in each case, entirely due to inequality in the length of the lower limbs; one having a shortening of $\frac{3}{8}$ of an inch, the other of $\frac{1}{8}$ of an inch, upon correcting which the curvature disappeared. The old doctor remarked, on going away, that he had "learned more about spinal curvature in five minutes than he had previously in fifty years' practice."

I will briefly refer to one or two other cases in support of my statements.

Case I.—A. H. F., 21 years of age, from Wyoming County, in this State, came to me in 1886, with persistent backache, only relieved when he was in a recumbent position. It had been mistaken for incipient Pott's disease affecting the lower dorsal and lumbar vertebræ, and in fact he had worn a plaster jacket for several months without any benefit whatever. No examination of the relative length of the lower extremities had been made. I found upon examination a very marked double lateral curvature, and I also found the right leg $1\frac{1}{8}$ inches shorter than the left.

It was found that when the short limb was sufficiently elevated, the spinal curve was greatly lessened, but could be only partly corrected, because a certain amount of permanent rotation of the bodies of the vertebræ had taken place; this, with possibly some absorption of the intervertebral substance, had produced deformity with some spinal rigidity.

The patient was directed to have the heel of the right shoe made $1\frac{1}{8}$ inches higher than the other, and, to support the uncorrected curvature, a spinal brace was applied. Immediately afterwards, or as soon as the limbs were made symmetrical, the backache, loin pains and most of the sciatic neuralgia and general uneasiness subsided. Some months afterwards I saw this patient again and found him in excellent physical condition and quite free from pain and former spinal symptoms. Under date of October, 1886, this patient wrote, "I am glad to report to you my present condition. You remember that I was unable to bend forward in the least; at present, I can nearly touch the floor with my fingers. I have been very busy with my work. My health is improving all the time; I am gaining steadily, have no pains, feel first-rate, and am increasing rapidly in weight." Neither this patient, nor any of his medical attendants ever suspected that there was any difference in the length of his limbs. The well-marked spinal rigidity, and the continued and increasing pain, had naturally suggested the existence of bone-disease, or of commencing abscess; which in truth, would not be surprising had it occurred, for a strumous diathesis, associated with marked inequality in the length of the limbs, would undoubtedly predispose to such results.

Case II.—W. F. W., aged 17 years, born in Philadelphia, for a long time had complained of pains around his waist and loins; the pain he described as a tiresome ache which was only relieved by lying down. When two years of age he had an attack of measles, and for a year was partially paralyzed on one side. He subsequently recovered the use of his limbs, but while walking he was conscious of a rather one-sided movement. Measurements showed that the limbs upon the left side of the body had suffered in their development and notably differed from the right. The left leg was one inch short. Since the inequality was corrected by increasing the height of the heel, he has been entirely free from pain and walks without the slightest lameness.

Case III.—W. S., born in Philadelphia, 25 years of age, came to me with the usual complaint of backache, from which he had experienced much annoyance for several years. In early youth he had had an abscess near his right

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ankle; at the age of 20 this returned, but it soon yielded to treatment. No evidence of bone-disease or permanent deformity of the ankle-joint existed. The pain in this case extended to the right hip and side and at times extended to the scrotum; when he straightened himself up he had a cramp-like feeling. For two years he had been treated for supposed renal disease.

There was found an asymmetrical condition; the right side of the body being less well developed than the left. The right lower limb was short 1⅛ inches. This deficiency being made up by raising the heel, he was able at once to walk without lameness and the pain disappeared not to return. He has now, for more than two years since the correction, been entirely relieved of his former symptoms and is enjoying uninterrupted good health.

The asymmetrical condition in this case was probably congenital, for there was no history of injury or of infantile paralysis.

I might cite many more such cases, but I have already exceeded my limits. I may state, however, that this condition and the consequences arising from it have been recently studied by several observers upon the other side of the Atlantic. Among these I may mention Dr. Bilhaut (6) and Dr. M. A. Poncet (7) of Paris. It is true that Mr. Keetley of London doubts if scoliosis be really due to inequality of the lower limbs, and declares that long series of persons come under his observation with one leg three, four, five, six, seven, etc., inches shorter than the other, usually from disease, sometimes from congenital peculiarity, and it is rare indeed to find one of them with scoliosis. In most of the cases he says, "the inequality has existed for years at the very age when scoliosis usually develops" (8).

It is a fact that the higher grades of shortening are less likely to produce lateral curvature of the spine than the lower grades, because the difference becomes too great to be made up by tilting the pelvis and by muscular accommodation, consequently the patient limps or walks upon the front part of the foot in an acquired talipes equinus. This has been noticed by Drachmann (9) and confirmed recently by Staffel (10).

Inequality in length of the limbs, occurring naturally and without injury, is not without medico-legal interest, as may be seen from the following case:

In 1878, a suit for malpractice was tried before Judge Junkin, in New Bloomfield, Perry County, Pennsylvania. An action for damages being brought against Dr. Strickler, a medical practitioner of that place, who had treated a child, aged eight years, for a fracture of the thigh, and, on recovery, the injured limb was found to be five-eighths of an inch shorter than the other. It was claimed that the boy was irretrievably ruined, although for a year he apparently had had perfect use of the limb. During the trial the question of asymmetry prior to the fracture in a limb already shorter than its fellow was discussed. This led the medical experts, who were present, to measure the limbs of a lad of twelve years of age, a son of Dr. Strickler, who had never received any injury, and who happened to be present in the court at the time of the trial: the result showed a difference in this case of three-eighths of an inch in the length of the lower limbs. This demonstration promptly led to a non-suit and dismissal of the case.

As the result of observations made during the last fifteen years upon this subject, and from the confirmatory writings and testimony of other surgeons, I believe that I am warranted in drawing the following conclusions:

1. That inequality in the length of limbs in otherwise sound and healthy individuals is the rule, and equal length the exception.

2. That in many cases the inequality is slight and may be compensated by muscular adjustment, or by tilting the pelvis.

3. That where the difference is excessive, *i. e.*, more than an inch or so, the inequality may be made up by limping or walking upon the ball of the foot, without producing lateral deviation of the spine.

4. That a minor degree of inequality occurring in a young adult favors the development of spinal curvature.

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5. That many cases of backache, sciatica, spinal irritation, etc., are due to lateral curvature arising in this manner.

6. That the cause of the deformity being recognized, the remedy consists in applying means to restore and maintain bodily symmetry.

7. That many cases of spinal curvature are promptly curable by these means.

8. That before applying a plaster jacket or mechanical appliance to a patient suffering with incipient rotary lateral curvature of the spine, we should always measure the lower limbs to see if asymmetry will explain the cause of the deformity.

9. That the recognition of natural asymmetry of the lower limbs is of great importance in medico-legal sense in estimating the results of treatment of fracture of the femur. If one limb is found to be longer than the other after recovery from a fracture, it does not prove that the limbs were previously of equal length, nor, indeed, that the difference may not have been even greater before the injury.

10. That it is not claimed that all cases of irregularity in the length of the lower limbs present symptoms, nor that all cases of lateral curvature of the spine are due to want of symmetry in the lower extremities, although this is an efficient, and often an unsuspected, cause of spinal deviation.

REFERENCES.

(1.) Dr. Struthers of Aberdeen, in a paper read before the Edinburgh Medico-Chirurgical Society, in 1863; quoted by Dr. John Wilson, in an address before the same society, appearing in the *Glasgow Medical Journal*, 1888, page 234.

(2.) Richard Owen, "On the Nature of Limbs," London, 1859, page 119.

(3.) Wm. C. Cox, *American Journal of the Medical Sciences*, April, 1875.

(4.) John B. Roberts, PHILADELPHIA MEDICAL TIMES, Aug., 1878.

(5.) Stacey B. Collins, *American Journal of the Medical Sciences*, 1877.

(6.) Dr. Bilhaut, De l'Influence de l'Inégal Accroissement des Membres Inférieurs sur Certains Deviations Vertebrales.—*Journal de Medicine de Paris*, April 8, 1888.

(7.) M. A. Poncet, De L'Inégalite Congenitale ou Acquise de Longueur des Membres en Dehors de Toute Lesion Pathologique Apparente, de Toute Affection Osseuse Anterieure.—*Lyon Medicale*, Jan. 29, 1888.

(8.) C. B. Keetley, "On the Etiology and Essential Nature of Scoliosis."—*Annals of Surgery*, Feb., 1888.

(9.) Drachmann, Mechanik und Statik der Skoliose.—*Berliner Klinische Wochenschrift*, 1885, No. 18.

(10.) F. Staffel, Ueber die Behandlung der Skoliose.—*Deutsche Med. Wochenschrift*, April 26, 1888.

SYMPATHETIC OPHTHALMIA,

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Sympathetic ophthalmia in an eye, arising from the other, which is suffering either from injury or idiopathic inflammation, is a form of disease the etiology of which has been a serious study for years without the success of a positive conclusion as to its source. It is a peculiar, insidious form of inflammation, of an extremely dangerous and intractable form, appearing at times very shortly after the injury or affection of the other eye; and at other times not for a considerable length of time, often extending into years. But most curious of all is the fact that it never arises during an acute suppurative condition, as in panophthalmitis.

For a long time it was claimed that the inflammatory action was transmitted through the optic nerve; then later researches declared that it was entirely through the ciliary nerves, the optic nerves having nothing to do with it. Then later still came the microbe theory, that the streptococcus, which is a pus former, passes up along the optic nerve, between its two sheaths, to the commissure, and around down along the other optic nerve into the eye, creating the sympathetic inflammation.

This last theory has, under the influence of the microbe idea for everything now-a-days, been more or less accepted by the profession; but my belief therein has been for some time

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shaken by the knowledge that it is not always necessary to have pus formation in a diseased or injured eye to create sympathetic ophthalmia; and, furthermore, that it does not exhibit itself in cases of panophthalmitis, where there is generally a profuse pus formation. Again, that cases of sympathetic ophthalmia have been cured or stopped in its dangerous process by treatment and operation.

The following marked cases, which came under my personal observation and supervision, and were reported in the *Medical Bulletin* in 1881, show to my mind more of a neurotic action than a microbic one. For if the latter, how could the change have taken place to relieve the eye as it did, except by the microbes traveling back, or rather returning to the injured eye again, and leaving the uninjured one free?

Which fact I do not believe in the least.

Oct. 2, 1880. Emma Collins, aged 4, was brought to my clinic at the Wills Eye Hospital with an incision on the outer side of the cornea of the right eye, at the sclero-corneal edge, which was received that morning from a pebble shot from a rubber gun. The incision was two mm. in length, perfectly straight and clean as if made by a knife, and through which the iris was prolapsed the size of a mustard-seed. Neither capsule nor lens were injured.

I immediately instilled a four-grain solution of eserine to reduce the prolapse of the iris. The instillation was repeated in fifteen minutes, so as to get a strong contraction, but was of no avail, for after waiting an hour there was no reduction. The child was then etherized, and finding that reduction of the prolapse could not be made by pushing the iris back into the anterior chamber with a Wecker's spatula, it was considered best to remove it and make a free iridectomy. This was done by grasping the iris with the forceps, drawing it well out and cutting off with the scissors; a clean, good piece of the iris was removed, and the cut edges and angles properly replaced by the spatula, as well as by gentle rubbing of the lid over the cornea. For two weeks I saw her at my clinic regularly, and the eye was doing splendidly—inflammation passing off and vision good. From this time she did not return again until November 6, 1880, just two weeks' absence. At this time I was surprised, when her father brought her in, to notice that she did not open her eyes nor hold up her head, but permitted herself to be led up to me. Upon opening the lids I found the left eye seriously sympathetically affected. There was marked ciliary injection, iris discolored, photophobia with lachrymation, anterior chamber normal, no increase or decrease noticeable, aqueous humour slightly discolored, edges of pupil had the appearance of thin lymph being thrown out, lens not entirely clear—so much so, with the slight discoloration of the aqueous, as to prevent clearness of the fundus. The ciliary region was somewhat painful on pressure of the eyelid over the part. The vision was dim, and the little patient saw better out of the injured eye. She had not previously, nor did she then, complain of any pain. The whole thing came on without her parents noticing it. The mother had been sick and could not bring her to the clinic, while the father was at work. Noticing, however, that she did not see so well for several days, and kept in dark places, the father determined to leave work and bring her up to me. The right eye looked very well. It was quiet and clear, but on close examination I found that the upper edge of the iris had washed back into the corneal incision and was there attached in the cicatrix, causing a pulling on the tissues of the iris and ciliary body.

The question came now: What is the prognosis, and what is to be done? It was too late to remove the injured eye, and then it had just now the best vision, so that it might eventually be the better eye, or the only one retaining vision. On consultation with my colleagues the prognosis was declared bad, with no hope: but all agreed that it was too late to enucleate the right eye. I proposed to free the iris by operation from its attachment to the cornea, and admitted her at once for the operation and treatment. Under the anæsthetic of ether a Von Græfe's knife was passed through the cornea so as to go over the point of iritic attachment and incise it through as the knife was made to cut

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its way out of the cornea. As soon as this was done the iris was grasped by the forceps, drawn out, and cut off. Atropia was instilled, and both eyes were completely covered by a thick, black Liebreich bandage, so that not a ray of light could penetrate anywhere. Unguentum hydrargyri was rubbed night and morning on the left temple, and $\frac{1}{8}$ gr. of quinia sulph. with $\frac{1}{10}$ gr. of extract belladonna given three times a day, and a collyrium of atropia sulph. gr. $\frac{1}{2}$, ℥j—used twice daily. She was kept in a dark room, and every precaution was taken to prevent any light from striking the eyes, except for a moment from a small candle when using the collyrium. The room she was confined in was one of the large wards of the hospital, so that her mother, who remained with her, could walk her about for exercise and amusement.

After two weeks' treatment and entire exclusion of light, the left eye began to look better. The pupil dilated somewhat, and the ciliary injection was less The right eye healed from the last operation and remained quiet. Treatment continued. On the fourth week no lymph was to be seen in the pupil, and it was largely dilated; the eyeball free of any inflammation. As soon as the lids were opened the little patient remarked that she could see. The eye did not look so well. There was considerable pericorneal injection, and I found the sight very dim. In a few days the sight of the eye was entirely lost, and the pericorneal injection had much increased. The left eye, or sympathetically afflicted one, had cleared up perfectly. There was not a sign or trace of inflammation about it; the pupil was dilated ad maximum, with no adhesions, and sight had returned. Thinking now was the time for operative influence to try and save the left eye, I advised nucleation of the right eye, and which was done that day. She was discharged the sixth week with perfect vision; and the eye has remained so to this day, now nine years, without any return of the sympathetic trouble.

The enucleated eyeball was cut through the anterior posterior line on the horizontal axis, incising the cicatrix. The iris was found free from any adhesion, but thickened at the ciliary border, and attached to quite a formation of lymph that was lying on the ciliary body along the upper line of the incision of the iris, while the lower line of the iridectomy was perfectly free.

On January 15, 1881, Frederick Powers, aged 12, came to my clinic with a small puncture in the corneal edge of the right eye, since the day after Christmas, from the point of a piece of wire flying against the ball. The iris had prolapsed and was attached in the wound. There was iritis, with pericorneal injection, and vision reduced to light and objects. The left eye was sympathetically affected, ciliary injection, photophobia, discoloration of iris, pupil somewhat dilated, and vision dim. On examining closely the right eye, I feared to meddle with it at present, as the position of the wound and prolapse was so close to the ciliary edge that I could not cut through it, and to enucleate, I feared, was also too late; so the only hope was to admit him into the hospital, exclude the light perfectly, and treat him expectantly with quinia and belladonna, with a weak solution of atropia in the eye.

He was admitted that day, January 15, and on the 24th of February, five weeks after, was discharged with eyes well. *Right eye*, pupil irregular, being drawn up towards the point of adhesion to the corneal wound. $V=\frac{4}{24}D$. *Left eye*, $V=\frac{6}{9}D$.

His eyes have remained in the same condition up to this time.

In examining these cases critically, it will be seen that the sympathetic affection was created in each case by a drawing on the iris at its ciliary attachment; and in that of the little girl, of such a character as to cause exudation of lymph on the ciliary body in the neighborhood of the wound, but out of the direct line of the incision, being just above the point of the upper line of excision of the iris, the part that was washed back into the corneal wound after the iridectomy. That of the boy was from a puckering of the iris into the small incision of the cornea, the irritation from which seemed to give way and relieve both eyes; whether from the treatment or natural causes it is hard to tell, as no enucleation was found necessary.

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The case of the little girl is the most instructive, showing that the sympathetic affection was caused by the upper edge of the cut iris becoming attached in the corneal wound; for no doubt the relief was gained on cutting through the adhesion the second time, and abating the irritation of the ciliary nerves. After this operation, with the protection of the eyes, the eye recovered and the inflammation concentrated itself in the injured eye, no doubt from its passing to the ciliary body, as shown by the amount of lymph deposited after enucleation.

The treatment by complete exclusion of the light, with quinine and belladonna, and weak solution of atropia as a collyrium, no doubt, had much to do with the alleviation of the trouble. The quinine was given in small doses at a time only; iron I consider in such cases as objectionable, as tending to increase the inflammation. The belladonna was to act sedatively as well as antiphlogistically. In both cases a very weak solution of atropia was used; for a stronger one in such cases is, to my mind, injurious, from the severity of its action in irritating the iris by suddenly attempting to dilate the muscular fibres, and thus also irritating the ciliary body, as well as the drawing upon any adhesions that might have formed and increasing the inflammation by this pulling or tearing. Just at this stage of the disease, I believe that if a strong solution of 2 to 4 gr.,—℥j, had been used, the result would not have been so good.

Professor Peter, of Paris, also objects to the microbe theory of this affection of the eye, and well and pertinently asks, "why if the streptococcus passes up the path of the optic nerve and over to the other side, it does not go on in its migration until it had caused suppuration of the brain?"

Instead of passing straight on into the brain by the optic tract, it prefers under this theory to deviate and go around and down the other eye.

Can a microbe have *sense* to know that it must turn from a straight and clear path, attacking nothing on its way, not stopping until it reaches a certain goal for which it started on its travels?

Professor Peter's lecture (see this journal, Feb. 1, 1889) is not only interesting, but very instructive, as his remarks, with my own experience and studies, go far to remove in my mind the positive fact of a microbe theory as the cause of this most insidious and sight endangering disease.

THE PATHOLOGY OF CHOREA.

BY L. HARRISON METTLER, A.M., M.D.,
Lecturer on Mental and Nervous Diseases and Electro-Therapeutics in Medico-Chirurgical College, Philadelphia.

HAVING read with considerable interest Dr. Barbour's recent paper on chorea in the TIMES, I am tempted to reply to some of his ideas in regard to the pathology of this disease, particularly as he seems to invite friendly criticism. It gives me pleasure to compliment the author upon the originality of his reasonings, though I cannot agree to all of his conclusions. In considering the pathogeny of so seldom a fatal symptom-group as chorea, we must advance cautiously and skeptically; for when facts are few, theories are apt to be rampant, and neurologists should endeavor to clear themselves of the unscientific reputation of being too imaginative and theoretical. Chorea is an old disease, and yet, in fact, we know very little about it; much of its therapeutics has been the result of empiricism, while far too much of its pathology has been the offspring of exquisite reasoning founded upon false premises. The microscope has not yet revealed to us any constant organic lesion; hence, it has been generally known as a *functional* disease. We will rejoice when medicine shall have reached that state of perfect knowledge in which no such incongruous term as "functional disease" will be tolerated; for with Wood we always and necessarily associate the idea of disease with some abnormal anatomico-physiological condition. Hence, functional notwithstanding, there is some pathological cause for the symptoms of chorea.

It is pretty well agreed now that the *immediate* cause is an alteration in the molecular condition of the cerebro-spinal motor apparatus. This has been described as a *nutritive* alteration, though some have thought that the

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disturbance in the nerve centers was dependent more upon an outside *irritation*, say from the blood, than upon any mere alteration of nutrition. Perhaps both factors enter into the pathology, though many reasons incline us to give the preference to the former.

Our microscopes have not been able to penetrate into the nature of this alteration, and all further assertions upon this side of the pathology of chorea are enveloped in mere theory; therefore Dr. Barbour may or may not be right when he says that "*in chorea, there is an altered state of nutrition of the motor cells of the cerebro-spinal axis, by reason of which they lose in part their capacity for storing nerve-force and discharge themselves prematurely.*"

This is but a pleonastic way of asserting that there is some abnormal change in the nerve centers, which has already been long recognized. The storing of the nerve-force "has always seemed to me to be an ambiguous phrase to apply to scientific physiology and pathology. Why not say at once that the nerve-protoplasm does not act as in health and then admit that further than that we know no more about it? What sort of a process is this storing up of nerve-force? Certainly nothing so ridiculous as the sucking of something from the blood, as a hollow rubber ball sucks in water; and yet the word "storing" might lead to some such vague conception. The analogy drawn between the storing up of a nerve-force in the cell and of electricity in the Leyden jar has always seemed to me to have been a most unhappy one, as well as the more common analogy drawn between the electric and nerve currents. There is no similarity except perhaps in one or two very minor physical manifestations. The electricity of the Leyden jar and conducting wires is simply an *acquired* property, something that can be added to, and taken away from them. Even the comparison between the galvanic and physiological cells is a poor one except so far as they are both the *originators* of *force*. Electricity is no property of the galvanic cell in itself or of any of its constituents. It is simply a *mode* of *motion* having its source in the *activity* of *chemical union*. Nerve-force, on the other hand, all physiological investigations lead us to believe, is one of the inherent properties of nerve protoplasm as it exists in the cell.

It is most probably dependent upon the molecular rather than chemical composition of the protoplasm; but certainly not, so far as our reasoning may permit us to go, upon the mutual action of two or more entirely separate substances manifesting different potentialities as the result of different degrees of affinity. Hence, it seems to me that neurologists would do well to discard as much as possible all comparisons between electricity and nerve-force, except for the very crudest illustrations; for they are both quite separate and distinct entities. Any expert electrician will admit that he recognizes no such force as electricity in nerve excitability.

But coming back from this digression to the notion of the "storing up of nerve-force" in nerve cells, is the process one of *hypo-* or *hyper-*nutrition in chorea? Is the protoplasm of the cell in this disease the same in chemical and molecular composition as in health? If not, what has inaugurated the change: over-activity of the cell itself or some alteration in the blood state? And so on might unanswerable questions be asked almost *ad infinitum*—questions involving the real nature of the choreic symptoms. Simple generalizations will not answer them, nor help us to a solution of the problem.

But let us examine in a friendly way, and simply with a desire for scientific truth, Dr. Barbour's idea about the altered "storing capacity" of the cell a little more closely, and see how it harmonizes with what few facts we have already learned from autopsies. He says, "in the nerve-cells, when the tension of the nerve-force rises beyond a certain point an automatic discharge occurs, causing muscular contraction when motor cells discharge themselves, etc." Is this rise of tension of the nerve-force at all coincident in time with the muscular contraction? Or perhaps he means that the activity of the cells in keeping up the muscular disturbance is continuous, like the rising of gaseous bubbles in carbonic acid water in keeping up the disturbance

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of the latter. What is meant by "a certain point?" Is this the normal or abnormal point for the patient? As he says himself, there are people in health who go off "half-cock," whose "certain point" therefore between nervous quiescence and nervous chorea, so to speak, must be very low in their nervous make-up; doubtless, then, any slight disturbance will cause a nervous activity much like chorea; but is this in any respect *chorea* in which there are prolonged uncontrollable manifestations of the choreic symptoms? Certainly not to my mind; the one is a condition of health, the other of evident disease. All nervous constitutions are not phlegmatic, and to say that those who are not are *choreic*, or at all like choreic patients, seems to be a want of appreciation of the differences of constitution in health. Some of the apparent, but yet not fully decided causes of true chorea, such as change of life, rheumatism, emboli, passive congestion, etc., would seem to indicate that something more than mere lowered capacity for storing nerve-force were at the bottom of the trouble.

In a certain sense, chorea is a "system" disease, it being more or less limited to the *motor* nerve centers. It is difficult to conceive what selective influence there is in any cause which should produce a mere lowering of capacity for storing nerve-force in motor and not in sensory cells. Is it that the motor are more valuable than the sensory cells? In this connection Dr. Barbour deserves great credit for noting increased muscular activity as one of the causes of chorea; this would be undoubtedly a selective cause, but this would produce something more like what is known as *habit chorea*, rather than the typical disease.

I am in doubt as to how the author explains the rise of "tension" in the nerve-cells beyond a certain point. In the latter part of his paper he seems to imply that it is directly dependent upon the deteriorated condition of the nerve-protoplasm. The latter has not the normal power of "resistance;" and yet its active force, so far as it is manifested in muscular contraction, is in no way lessened. The only difference that we can see in the gross is that it is less under the control of the will-power; is in a state of more pronounced unstable equilibrium which is certainly not necessarily dependent upon deterioration.

Is the nutritive process (the process of constructive metamorphosis) within the cell the same thing as the nerve-force storing process? If they are different, the former is undoubtedly dependent upon the blood state, so that if the blood be altered "qualitatively or quantitatively" the cell nutrition will be altered; but what alters the cell capacity in the storing process? If they are the same, then why apply the more obscure notion of the "storing of nerve-force" for the already long accepted and somewhat less obscure notion of altered nutrition?

Again, Dr. Barbour says, "this discharge of nerve-force is brought about by flushing of the nerve cells with blood through the vasomotor nerves." This seems merely to transfer the difficulty from the *motor* cells to the *vasomotor centers*, for if each discharge is dependent upon a "flushing," then the series of discharges would seem to indicate that the vasomotor system is also in a choreic state. Furthermore, the author seems to be a firm believer in the idea that as cell activity is dependent upon the blood, over-activity means hyperæmia and insufficient activity anæmia, in which view we fear he will find many to differ with him.

Is there also not a slight contradiction when anæmia is adopted as one of the chief causes of the loss of storing capacity in the cells, and at the same time the activity of these cells is dependent upon the flushing of the blood? When the doctor again says, "owing to the lowered resistance to this discharge in the choreic cells, the normal or even less than normal amount of blood will keep up a perpetual fusillade of nerve-force," one would think that the "lowered resistance" and lowered amount of blood would about balance and produce something more like equilibrium instead of abnormal activity.

Not to prolong the discussion, we give as our own idea that chorea is dependent upon some yet unknown *nutritive alteration* in the composition of the

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nervous protoplasm of the motor cells, caused directly by some selective *chemical* modification of the blood, and having, as predisposing causes, age, occupation, hereditary nervous irritability, etc. I am fully aware of the faultiness of even this conception of the pathology of chorea, but I think it will be found to be sufficiently based upon post-mortem investigations, without being so wide as to involve too much doubtful theory.

Perhaps ere long I may have occasion to maintain more extensively the position which I have here assumed. But for the present we criticise Dr. Barbour's paper, not in any spirit of hostility, but simply because he invited us to do so in the spirit of scientific truth and inquiry. We admire the doctor's ingenuity and his endeavor to solve the pathology of chorea; but while we appreciate his efforts, we hope to see such questions kept as free as possible from mere theorizing, unless, indeed, the facts for the theory are so overwhelmingly abundant as to indicate to every one that but one explanation is at all possible.

1938 N. Broad street.

PEPSIN AND ITS INCOMPATIBLES, WITH EXHIBITION OF TESTS.*

BY DR. J. R. WINSLOW, B.A., M.D.

Lecturer on Chemistry, Woman's Medical College, Baltimore.

MR. PRESIDENT and Gentlemen: Having had my attention directed to the subject of pepsin by complaints of failure or disappointment in its action, some physicians going to such an extreme as to cast it out of their armamentarium, and having before me the statement of so eminent an authority as Prof. H. C. Wood, of Philadelphia, that "probably four-fifths of the drug used is inefficient or inert from the method either of its preparation or its administration," I was led to make certain investigations to ascertain, if possible:

1. Are the pepsins with which we are furnished active drugs?

2. Being supplied with such a drug, cannot failure in its action be in large measure attributed to its maladministration?

The literature of the subject I have found to be brief, incomplete and scattered, and deeming it a matter of importance to every general practitioner to decide how far pepsin is reliable as a medicine, I beg your attention to the conclusions reached, not so much on account of their originality as of their practical interest.

All facts go to show that the solvent action of the gastric juice is essentially due to the presence of an enzyme or ferment termed pepsin. This converts albuminous and albuminoid food matters into soluble and dialysable forms. Since the majority of these substances belong to the class of proteids this action has been designated as proteolytic.

The products of the proteolytic action of pepsin are successively syntonin or acid albumen, intermediate products termed parapeptones and true peptones. In the stomach this peptonization is usually incomplete, and a large amount of syntonin and parapeptone is passed on into the intestines.

Pepsin is a colloidal nitrogenous body, which has been but approximately isolated and whose properties are as yet uncertain. It in many respects, however, does not correspond in its reactions to proteids.

It readily undergoes decomposition, particularly when moist, and loses its activity. This is greatest, that is, it accomplishes the maximum amount of work in the minimum of time, at about 130° F. It is completely destroyed by boiling (even by 140° F.) and is checked by cold. Pepsin acts only in presence of an acid, being completely destroyed by an alkali. The tie between the acid of the gastric juice and its pepsin is so strong that it has been termed by some writers pepto-hydrochloric acid.

A commercial pepsin should present the following physical characteristics:

1. It should be light-colored and free from disagreeable odor. A marked odor indicates the presence of peptones which render the pepsin hygroscopic and hasten its decomposition.

2. It should be freely soluble in water. Insolubility shows the presence of inspissated mucus, which retards its

*Read before the Clinical Society of Maryland, January 18, 1889.

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action, aids its decomposition and detracts from its true weight.

Any good influence derived from pepsin is manifesty due to its solvent power, so that this is a measure of its value. Wishing to determine the relative strength of various commercial pepsins, I have employed the following test, which is designed to reproduce as far as possible the conditions found in the human body.

Test:—Fresh eggs are boiled 15 minutes, plunged in cold water and opened. The coagulated albumen is then freed from all yolk and superficial moisture, and pressed with a spatula through brass gauze containing thirty meshes to the linear inch. Two hundred grains are then weighed out and triturated in a mortar with distilled water containing $\frac{3}{10}$ per cent. absolute HCl. This is then placed in a tube and treated with enough of the acidulated water to make five ounces. To this mixture pepsin gr. $\frac{1}{10}$ is added, and the test tube is then immersed in a water bath and heated at a constant temperature, 104° F., until one pepsin has completely dissolved all the albumen, usually requiring about four hours. As the accumulation of peptones about the albumen hinders digestion, each tube is stirred at intervals of three to five minutes. At the end of four hours the pepsin is destroyed and further digestion stopped by boiling the mixture. To this test I have subjected the following pepsins, which are arranged in the order of their superiority:

EXHIBITION OF COMPARATIVE TESTS.

1. Parke, Davis & Co.'s.
2. Fairchild Bros. & Foster's.
3. Jensen's.
4. Boudault's.
5. Ford's.
6. Lehn & Fink's (German Scale.)
7. Merck's.

The pepsins used were purchased by myself in the open market, and were weighed upon the analytical balance of the Johns Hopkins University. The investigations were conducted at my residence.

The foregoing method serves to give us an idea of the relative digestive activity of the pepsins, but it is by no means an accurate test of their actual proteolytic power. It has been repeatedly proven that the action of pepsin is entirely superficial and increases proportionately to the relative amount of albumen present, whether in excess or not. Now, under the preceding conditions, all of the pepsins, except the most active, have during the entire test an excess of albumen to act upon, and make a showing which is falsely good when compared with it. The only accurate method of determining the comparative proteolytic power of pepsins is to determine the maximum amount of albumen that the most active pepsin can digest under proper conditions in a given time; and using this as a standard, determine empirically the number of grains of the other pepsins required to accomplish the same amount of work under like conditions, stating the results in per cent.

With this understanding as to their inaccuracy, we may utilize the result of the preceding tests. Having determined by this means the pepsin manufactured by Messrs. Parke, Davis & Co. to be the most active upon our market, digesting 2,000 times its weight of albumen, I have employed it as the standard in the succeeding tests.

In order to demonstrate the action of drugs upon pepsin and the digestive process, I have used a standard preparation containing:

Parke, Davis & Co.'s Pepsin, gr. $\frac{1}{5}$.
Coagulated Egg Albumen, 200 gr.
Acid. Dist. Water ($\frac{3}{10}$ per ct. HCl) 5 oz.

to which the following drugs have been added and the mixture digested at a constant temperature of 104° F. for four hours. The influence they have exerted can be determined by comparison with the standard preparation.

EXHIBITION OF INCOMPATIBLES.

Test No. 1. This contains gr. j sodium carbonate. The pepsin gr. $\frac{1}{10}$ was first treated with the soda, and both were then added to a standard preparation. As you may observe, the albumen is entirely undissolved. This shows that the activity of the pepsin has been permanently destroyed by the alkaline salt, and is not regenerated by the addition of acid.

This fact is well known to many of you, but it is by no means universally borne in mind. I have recently seen

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large quantities of the alkaline salt ordered by prominent physicians in conjunction with pepsin, both in powder and as the glycerole.

Test No. 2 contains tr. ferri chloride ♏ v, which interferes decidedly with the process.

Test No. 3 contains a $\frac{1}{5000}$ solution of the bichloride of mercury. This, in common with all decided antiseptics, exerts an inhibitory action.

It is a well-known fact that large percentages of alcohol precipitate pepsin from solution and destroy its digestive power. Alcohol is contained in the ordinary beverages in the following proportions:

Mild Beer, 2 to 3 per cent.
Light Wines (Claret), 8 per cent.
Whisky, Brandy and rum, 60 to 75 per cent.

On this account wines of pepsin are unscientific preparations.

Wishing to ascertain the effect of small percentages of alcohol I have prepared:

Tests No. 4 and 5. These contain respectively 1 and 5 per cent. absolute alcohol, both of which exert a decidedly inhibitory action.

Now, as these solutions contain in the one case 5 and in the other 25 minims of alcohol to the ounce, the practical conclusion is that alcohol cannot, in efficient doses, be safely prescribed with pepsin.

Test No. 6 contains bismuth subnitrate gr. v., which exerts no deleterious action whatever, the deposit in the bottle consisting of the insoluble salt itself.

Test No. 7 contains ammonio-citrate of bismuth, gr. v.

In this the albumen is entirely dissolved, but the solution is milky from the precipitation of the oxychloride of bismuth by the action of HCl on the bismuth salt. In the presence of an alkali, however, the soluble bismuth salts form a colorless solution, and on account of this desideratum nearly all elixirs of pepsin and bismuth are alkaline. This at once destroys the activity of the pepsin, as you may see in

Test No. 8, which contains ʒ j of an elixir of pepsin, bismuth and strychnine, and has no digestive value whatever.

Moreover, the reactions of pepsin with organic matters are not well understood, so that it is better to avoid such elixirs.

Test No. 9 contains tannin gr. v. The tannin and pepsin were first brought into contact and then added to the standard solution.

As you see, this has an injurious effect upon the pepsin.

A practical conclusion to be drawn from this is that wines used in connection with pepsin (wines of pepsin) should be detannated.

Test No. 10 contains quinia sulph. gr. iij, which exerts a slight inhibitory action.

Test No. 11 contains saccharine gr. x. This decidedly interferes with the activity of the pepsin and should not be employed in connection with it.

Test No. 12 contains pulv. (willow) charcoal, gr. x, which has no deleterious action upon digestion, the deposit in the bottle being the charcoal itself.

In order to demonstrate the results obtained by ordering "saccharated pepsin" without specification, I have purchased specimens of four prominent druggists.

Four grains of each have been added to a standard preparation containing 5 ounces acidulated ($\frac{3}{10}$ per cent. HCl) distilled water, 200 grs. coagulated albumen and digested at a constant temperature 104° F. for 2½ hours. The digestive activity of the same quantity of the different preparations is seen by the result to vary greatly.

The conclusions to be drawn, gentlemen, are obvious.

1. There is a difference, and a marked difference, in the activity of the many varieties of this drug. And it is to our own interests to decide for ourselves and to specify the variety we will employ.

2. Having a drug so delicate in its nature, whose reactions with other substances are so intricate and ill understood, we cannot be too particular in our method of its administration. The best results may be expected from pepsin when given alone, either in powder, or solution in glycerine, or in a freshly prepared solution in acidulated water.

While the action of pepsin seems to be catalytic, and a small quantity of it should digest an almost unlimited

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amount of albumen, the conditions necessary for such action do not exist in the living stomach, particularly one in those conditions of disorder or disease in which this drug is indicated. We cannot then rationally expect a minute quantity of the drug to efficiently digest unreasonable amounts of improperly prepared food. Not only must a drug of high digestive activity be employed, but the dose must be sufficient. Of course the more active the drug the smaller may be the amount employed.

Since the condition of the stomach most favorable to the activity of pepsin would seem to exist at that time, it is best administered during or immediately after a meal.

412 W. Biddle St., Baltimore.

TRANSLATIONS.

THE CURE OF BACILLARY PHTHISIS.

Two years ago I commenced a work concerning the therapy of diseases of bacterial origin. For reasons which I cannot now particularly enumerate I discontinued it in order that I might restrict my attention to a part of the work, viz., the treatment of tuberculosis. Theoretically, I make the following deductions:

All attempts hitherto made to destroy the tubercle-bacilli in a body infested by them failed for the reason that they possess a greater power of resistance against antiparasitic agencies, than do the cells of the animal organism themselves.

Just as resistant as the tubercle-bacilli are against such remedies, just so susceptible are they to the influence of temperatures, be they either higher or lower than their *optimum* temperature.

All varieties of microbes, as was first proven by Pasteur by reducing the virulence of the bacillus of chicken-cholera, and as taught later by Toussaint and Pasteur by their protective anthrax inoculation, are thus reduced by the action of increased temperatures.

The temperature limits within which the tubercle bacilli can flourish are particularly narrow.* Were it possible now, by means of a discontinuous sterilizing process, to hinder the tubercle-bacilli in their development and thus to diminish their virulence, and were it possible for the human organism to bear the inhalation of highly heated air without detriment, then we would have obtained a means in such inhalations of combating bacillary phthisis.

Thus reasoning, I instituted experiments in various directions, with the following results:

1st. The correctness of the announcements made by other investigators concerning the temperature limits, and the effects of various degrees of temperature upon the tubercle-bacilli.

2d. The possibility of lowering their developmental and procreating capacity by means of discontinuous sterilization.

3d. That dry air heated to 150°–180° C. (302°–356° F.) may be inhaled by man without difficulty for several hours, and that such inhalations produce a hurrying of the pulse only during the first few minutes; a diminution in the frequency of respiration, with at the same time a deepening of the inspirations; an elevation of the general temperature of the body by ½°–1° C.; the expired air shows a temperature of at least 45° C.; within an hour after completing an inhalation the temperature of the body returns to normal, and the general well-being remains undisturbed.

My experiments thus far instituted for determining the temperature of the air contained in the alveoli, and that of their tissues during an inhalation, have thus far not maintained any positive result.

I commenced a series of experiments, with the purpose of determining whether, and in which stage of the treatment, the virulence of the tubercle-bacilli contained in the sputa of consumptives, was, through such inhalations, diminished and thus removed, simultaneously with the reception of a tuberculous patient for treatment by means of highly heated dry air.

* Their *optimum* is 37.5° C.; at 38.50° C. their growth is only poorly; at 42° C. their development ceases entirely; if exposed to a temperature of 50° C., they die within one month, and one single "boiling up," *i. e.*, 100° C. destroys them completely."

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I began treating the first patient June 7, 1888. Since then I have treated a very large number of consumptives after the same manner, and moreover almost throughout with such favorable results, that, indeed, every doubt as to the correctness of my premises must be excluded. I intend shortly to have appear in print the clinical history of my first 50 cases, and thus place them at the disposal of my colleagues. Meanwhile I shall limit myself to a representation, seriatim, of the general results attained:

1 Removal of dyspnœa.
2. Lessening of cough.
3. During the first few days, especially while inhaling, increased expectoration; later on considerable diminution, up to its complete disappearance.
4. Cessation of the fever.
5. Removal of night sweats.
6. Improvement of appetite.
7. Increase of strength.
8. In a short time, in most cases, a complete standstill of the acute process.
9. Less frequent occurrence, and later on entire freedom from hæmoptysis.
10. Removal of catarrhal phenomena.
11. Clearing up of previously infiltrated parts.
12. Disappearance of bronchiectases.
13. Cicatrization of cavities.
14. An increase in weight takes place, particularly in such cases as previously had been much emaciated, and also in such in whom has occurred not only a standstill of the acute process, but already a beginning of the healing process. The absence of increase in weight at first is however easily explainable, when it is considered that patients treated according to my method are not subjected to any extra diet whatever, and that the inhalations require more or less bodily exertion.
15. Microscopic examinations show a gradual decrease of the elastic fibres in the sputa up to a total disappearance of the same, as also a rapid diminution of the pus corpuscles. During the early period of the inhalations, it seems to me that there occurs an increase of the bacilli in the expectoration; but later on there is shown a considerable diminution of the same.

That a cure can only be a gradual process can easily be understood from all that has now been said. An immediate killing of the bacilli, by means of hot air inhalations only from time to time, cannot be made possible, but simply their discontinuous sterilization. The inhalations continue but for a few hours daily; only during this time are the bacilli exposed to weakening temperature, and after all this is not as high as would appear. For though the inhaled air at the mouth is at a temperature of 160° C. (320° F.), it cools considerably on its way to the lungs by being in contact with tissues and the blood circulating therein, of a temperature of only 37.5° C., as may be inferred from the fact that the exhaled air is warmed to 45° C. (112° F.). Now, inasmuch as this again must have become still further cooled down on its return passage from the lungs, we may infer that the air contained in the pulmonary passages during an inhalation must be at a temperature many degrees higher than 45° C.

The experience thus far gained enables me to give the following definite directions:

1. The effort must be made to increase the duration of the inhalations as rapidly as possible, beginning with half an hour twice daily, up to two hours or more twice a day. The more or less rapid lengthening of the sittings, as also the eventual shortening of the same, must be adapted by the observant physician to the individual condition of the patient. *Never must the inhalations last longer than is comfortable and agreeable to the patient.*

2. The patient must be encouraged to make the deepest possible, and later on, forced inspirations.

3. The temperature of the air during these inhalations, as indicated of course by the thermometer in the breathing tube, beginning with 100°, must as rapidly as possible be raised to about 250°C., which can be accomplished within two or three days without complaint on the part of the patient. The air on its way from the thermometer to the mouth is considerably cooled, and as the valves do not shut perfectly, outer air is also admitted—so that the inhaled air at 250° (thermometer) amounts in reality to only about 150°.

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4. Should pulmonary hemorrhage (hæmoptœ) occur, the inhalations must be suspended.

5. With hæmoptysis the inhalations are to be continued, with the direction however that the inspirations must be as shallow as possible.

6. With acute pleuritic inflammation, rule 5 is to be observed, excepting when very severe, then rule 4.

7. After having finished a sitting, the patient must keep the room for at least half an hour; then only may he be allowed, and even encouraged—only however in favorable weather—to exercise in open air.

As a matter of course, treatment by means of hot air inhalations permits the fulfilling of any other therapeutical indication that may appear necessary, more especially the administration of antipyretics, etc.; contra-indications I know of none.

DR. LOUIS WEIGERT.

Internat. Klin. Rundschau. No. 51. 1888.

REGENERATION OF NERVES.

In a paper published in the *Arch. Roumaines de Méd. et de Chir.*, VAULAIR, of Liège, comes to the following conclusions:

"It is not impossible to obtain experimentally many times in succession the reproduction of the same nerve. Barring accidents, the only obstacle is the endoneural thickening of the peripheral segment, due to the excessive hyperplasia of the sheaths of Schwann. But even this obstacle is easily obviated by centrifugal pressure of the new fibres. It is otherwise compensated, and this, at the time of the second reproduction by the considerable increase of their proliferating power.

"As to the regenerative aptitude of nerve, it is virtually inexhaustible. It may even be said that its activity augments in the same degree that it is submitted to new proofs. The nerves possess, in other words, the faculty of reproducing themselves indefinitely, in the same degree as connective or osseous tissue. They can always repair their losses of substance when they find before them a suitable conductor.

"There is here a permanent force, which the experimenter can dispose of at his pleasure, and which, well directed, will produce uniformly the same effects, with the precision of a locomotive guided by an experienced engineer.

"The regeneration of nerves is then regulated by two conditions: On the one side, a blind force always ready to intervene; on the other, the mechanical influences which, according as they exert themselves in one sense or in another, sometimes bring about the accomplishment of a reparative work, and sometimes render it fruitless."

SERGIU says that pellagra was unknown in Europe until after the introduction of maize; and that those people who have adopted maize as the basis of their diet have been decimated endemically by pellagra. In 1888, the number of pellagrous persons in Roumania was 10,626.—*Arch. Roumaines.*

BOICESCO claims that there is a paludal form of erythema nodosum, following often repeated attacks, and occurring especially in the hot stage. It develops with the fever and disappears when the latter is cured. It has thus far been noted only in children.

—*Arch. Roumaines.*

VERNEUIL recommends that in the treatment of cold abscesses by the injection of iodoform ether, not more than five drachms of the latter be used, as the injection of a much larger amount caused iodoform poisoning.

—*La France Méd.*

HOSPITAL NOTES.

JEFFERSON HOSPITAL.

Clinic by PROF. GROSS.

TUBERCULAR DISEASE OF THE KNEE JOINT.

An interesting case illustrating this disease was first shown. The patient was a little girl, aged 7 years, and had the following history: A year ago she fell in the street and knocked her knee against a curb stone. Two weeks after she complained of starting and pain at night in the affected joint, which became enlarged and fixed. She was treated for this for some months by means of a plaster of Paris splint, but without much success, the knee being anchylosed and flexed at an angle of

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about 65°. When brought before the clinic, the patient was etherized and an examination showed complete fixation of the affected joint with prominence of the patella, eversion of the foot, and contraction of the ham-string muscles. Gross considered the case a well-marked example of "tubercular disease of the knee joint," also known as "tubercular synovitis" or "white swelling." He pointed out that in advanced cases the ends of the bones were liable to be affected, notably the internal condyle of the femur. In the case under observation he thought this was the case, and accounted for the starting pains at night, which were due to irritation of the terminal filaments of the nerves supplying the joint. With regard to the pathology of the disease, Gross considered the trouble first started in the synovial membrane, which became inflamed and formed a favorable ground for the development and multiplication of the tubercle bacillus. If the joint were opened the synovial fringes would be found enlarged, pale and gelatinous looking, while microscopic examination would show increased development of small cell tissue studded with bacilli. The treatment proposed was to break down the adhesions by passive motion, the limb being brought into almost a straight line and placed on a posterior padded splint. Extension and counter-extension were applied, the patient being kept in bed. Gross strongly advised that the affected joint should be rubbed with the following ointment:

℞ Iodoformi .....1 part.
Ungt simplicis.....10 "
Ft. ungt. "To be well rubbed in night and morning."

He has seen the most excellent results from this mode of treatment, and thinks that iodoform has a specific action on the tubercular deposits. As to internal treatment he prescribed:

℞ Hydrarg. bichlorid.....gr. $\frac{1}{10}$.
Tinct. ferri perchlor.....♏ 10.
Aquæ ad.....℥ j.
M.S.—"To be taken three times a day."

Hygienic measures should be carefully attended to. The child should have plenty of good food, good milk, fresh air and sunlight.

VASCULAR TUMOR OF THE FOREHEAD.

The next case was that of an infant 18 months old, who ever since two weeks after birth had a small, red tumor on the forehead. It commenced as a spot in the mesial line just above the root of the nose, and gradually increased until the date of the operation, when it had the size and appearance of a raspberry. Gross diagnosed it as an angioma or vascular tumor, and said it belonged to the class of "mother's marks" and "portwine stains." It was nearly always congenital and was due to capillary dilatation or aneurism. As to the methods suggested for the removal of those tumors he mentioned vaccination if the situation were favorable, implantation by puncture with a needle; the galvano-cautery, ligature, irritating injections, and strangulation with hare-lip pins. Gross selected the latter method. He transfixed the tumor with two hair-lip pins at right angles to each other, and having divided the skin round the base he passed a ligature beneath the pins encircling the tumor. The ligature was then tied as tightly as possible, the object being to cause strangulation and gangrene of the tumor. He laid stress on dividing the skin, as it lessened the pain and expedited the operation.

REMOVAL OF FIBROID TUMOR OF THE BREAST.

This operation concluded the clinic. The patient was a married woman, aged 28 years. Three weeks ago she noticed a small lump in the right breast above the nipple, and to the inner side of the gland. It grew rapidly until it reached the size of a walnut. Examination showed it to be fairly hard, freely movable and not connected with the subjacent structures. There was a good deal of pain on pressure, of a neuralgic character, and influenced by certain states of the weather. Gross said these tumors for this reason were sometimes called "irritable tumors of the breast," and were generally found in spare women. The patient having been etherized an incision parallel to the ribs was made, the tumor was found just beneath the skin, and readily enucleated from its capsule. The wound was treated antiseptically, a drainage tube being inserted.

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UNIVERSITY HOSPITAL.

CASE OF HEMIPLEGIA.

PEPPER exhibited at a recent clinic a male patient aged 60 years, a laborer by occupation. He was brought to the hospital in the ambulance eleven days previously, having been found in an unconscious condition. On admission, in addition to the unconsciousness, he had right hemiplegia, he could not talk, his pupils were unequal, breathing stertorous, and suffering much from restlessness, which yielded to the bromides and sulphonal. His condition when before the clinic showed that, although the coma had passed off his mental powers were dull; there was no aphasia. His face was but slightly affected. The paralysis of the right side showed signs of improvement, particularly in the hand and arm. The patient had been a hard drinker all his life, but Pepper was unable to discover any vascular changes, nor was there any affection of the heart or lungs. The urine was normal and contained no albumen. A diagnosis of cerebral hemorrhage affecting the left side of the cortex was made. With reference to prognosis, Pepper stated that the healthy state of the heart, lungs and kidneys warranted his saying that the man would recover, although his convalescence would be slow. The treatment proposed was to keep up the anodynes until all traces of restlessness disappeared; to employ counter-irritation to the back of the neck by means of the actual cautery, and to place him as soon as possible on a combination of hydrarg. bichlorid. with potassii iodid.

REMOVAL OF A BURSAL TUMOR.

ASHHURST, at his clinic, removed a bursal tumor about the size of an orange from the left knee of a man aged 32 years. It was explained that the tumor was similar to that known as "house-maids' knee or misers' elbow." The various operative measures employed were explained, such as injecting irritating fluids into the sac, puncturing the tumor, the use of setons, etc. Ashhurst decided in the case under observation to enucleate the tumor; an incision was made under antiseptic precautions over the patellar region to the extent of about four inches; the limb having previously been rendered bloodless by means of Esmarch's bandage and tourniquet. The skin was carefully reflected and the tumor, which was intimately connected to the patella, was removed. The edges of the wound were brought together by a suture, a drainage tube inserted, and an antiseptic dressing applied. This, Ashhurst explained, was the radical method of dealing with such affections.

LACERATION OF CERVIX. OPERATION.

GOODELL, at a recent clinic, operated on a patient, aged 36 years, for laceration of the cervix uteri. She had had two labors at term, and one miscarriage. After the last labor she began to complain of weakness and debility, with profuse leucorrhœal discharges.

There was a history of pain in the left ovary and stoppage of the menses. Examination showed that the cervix and perineum were badly torn. The uterus was found to be fixed in the pelvic cavity, which Goodell said was proof that there had been a previous peritonitis causing disease of the left ovary and resulting in stoppage of the menses. He pointed out that the leucorrhœa showed the existence of an endometritis—the mucous membrane of the uterus being covered with vegetations giving rise to the profuse discharge. As to treatment, he proposed to curette the endometrium so as to cause contraction of the womb by the irritation set up. This, he said, was his invariable rule in cases of profuse leucorrhœa. Then he denuded the edges of the torn cervix, brought them into perfect apposition and secured them by sutures. The operation was done with strict antiseptic precautions, a weak solution of hydrarg. bichloride being used.

When should we operate for laceration of the cervix? Goodell says: "When the laceration is not extreme, and the lips lie parallel, do not operate. If there is erosion or eversion of the edges of the tear an operation is indicated."

CONNECTION BETWEEN CANCER AND LACERATION OF THE CERVIX.

GOODELL states that if a laceration of the cervix occurs in a patient of middle age, in whom there is a family history

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of cancer, the disease is almost certain to be set up. He mentioned in this connection, a case in which he recently operated for laceration of the cervix. The family history was particularly interesting. Two of her aunts died of cancer of the cervix, her grandmother died of cancer of the breast, one of her uncles died of cancer of the stomach—with this record he had no hesitation in operating, as the patient would be extremely liable to develop the disease when she reached the climacteric period

PENNSYLVANIA HOSPITAL.

CASE OF ANEURISM OF BOTH POPLITEAL ARTERIES.

HUNT presented a case with the following interesting history: The patient, a middle aged colored man, was first admitted to the Pennsylvania Hospital in July, 1881, suffering from aneurism of the right popliteal artery, the result of overstraining himself at the back of the affected knee joint. Digital compression was employed by means of relays of students and kept up for three days, until the pulsation ceased, when the patient was discharged cured. On the 2d of February of the present year, while walking, he slipped, and in trying to recover himself a similar accident occurred in the other leg. On admission to the hospital a well-marked aneurism of the left popliteal artery was diagnosed and the following treatment was carried out: The limb having been well rubbed with alum and alcohol so as to strengthen the skin, a tourniquet with eleven points of pressure was applied. Each point consisted of a steel rod with an oval shaped head. The points were only allowed to remain in contact with the skin for twenty minutes. In fifty hours all pulsation ceased in the tumor and the cure was accomplished without the slightest abrasion of the skin. Hunt demonstrated the many advantages of the multiplication of pressure points over that of the single point tourniquet or digital pressure, which he stated was always uncertain, no matter how carefully carried out, as no two persons pressed alike.

DIABETES FROM A BLOW ON THE ABDOMEN.

HUNT brought before his clinic a boy aged 17 years, who some months previously sustained an injury to his abdomen from a blow with the handle of a bread cart. The case had all the symptoms of diabetes—the urine showed a sp. gr. of 1032 and, with Fehling's test, the presence of abundance of sugar. Hunt considered the case unique from the character of the injury to the abdomen, there being no history of any injury to the head. He said, however, the possibility of the boy having had diabetes before the blow on his abdomen was not to be forgotten.

CONSERVATIVE SURGERY OF THE HAND.

HUNT exhibited a boy aged 6 years. Three weeks previously he sustained a severe injury of his right forearm through an iron boiler falling on it. An extensive compound fracture in the region of the wrist was the result, though, as Hunt pointed out, there was a good hand in front. The injury was so great that sloughing seemed imminent, so that constant irrigation was kept up until three days before his appearance at the clinic, when it was deemed advisable to stop it, as the tissues were getting flabby. Hunt said: "At first sight the extent of the injury was so great, and the destruction so complete, that nothing but immediate amputation would suggest itself to a surgeon, who had not an extensive experience in this class of injuries. But it seems to me there is a great deal of unnecessary surgery done on hands and fingers. Owing to the great reparative power in the upper extremities we can take risks, which in the lower limbs we would not think of for a moment. Besides artificial appliances for progression and locomotion are much more perfect than anything that has been yet produced to take the place of the human hand.

GERMAN HOSPITAL.

FRONTAL ABSCESS.

DEAVER presented a young girl about 14 years old, on whom he had operated about ten days ago for an abscess in the frontal sinus, displacing the right eye ball outwards and forwards.

An incision was made parallel to the superciliary ridge from the supraorbital notch inward and forwards. After piercing the bone and evacuating the pus, the pus cavity was thoroughly

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cleaned with an antiseptic solution; then a counter opening was made a little below and inwards to the inner canthus of the eye, on the nasal bone, and a drainage tube inserted.

Patient is doing well; wound of incision is healthy and the drainage tube discharging very little pus; eye a little prominent and displaced to the outside.

UNUNITED FRACTURE.

DEAVER presented a patient who sustained a fracture of the right radius about four months ago. Pronation and supination was painful and very much impeded, and prevented patient from work.

The diagnosis of ununited fracture was made, and he concluded to make an exploratory incision; when it was found that a large mass of callus was located in the interosseous space, which limited motion considerably, and the fracture was overriding.

The mass of callus was chiseled off and the fracture reset; then the wound was thoroughly washed with a solution of bichloride of mercury $\frac{1}{1000}$, sutured and dressed antiseptically.

He presented the patient in his next clinic, and the wound was healthy without a drop of pus; passive motion was performed, which is perfect, and the patient is doing well.

ALLEGED MEAT-POISONING.

WOLFF described the cases of supposed meat-poisoning, which had been noticed in the daily papers, in his clinic on Saturday, February 23, as follows:

The child of a German was brought to the hospital by her mother. The child had vomiting, was pale, but had no fever. The resident put the child to bed, gave some remedies to check the vomiting, and left word for me to see the child the next morning; but the child was seized with convulsions during the night and died.

On the next day, in the afternoon, the mother came with one of the other children while I was there. The child presented the same symptoms as the first. It started to vomit, and the vomited matter consisted of a glairy mucous mass mixed with bile. On examination, there was nothing special found—no fever, no redness of the fauces—and the examination of the vomited matter was negative.

I ordered oxalate of cerium and bismuth, and stopped the vomiting; but the next morning convulsions set in. I gave bromide of potash and chloral; but the spasms followed again in the evening, and the child died the next day, Saturday, 16th.

On post-mortem examination, nothing decisive could be found; no poison and no inflammation of the stomach. (The post mortem was made by the coroner's physician.)

On further investigation, it was learned that the children had eaten of a sausage which was given to them by a butcher. The oldest child, 7 years old, which died first, had eaten half of it; the second one, four years old, had eaten one-quarter; and the rest was eaten by another child of the family.

We now thought that possibly the death of the children was due to a chemical poison which had developed in the sausage; but the diagnosis became clear on Sunday, when the mother brought in two more of the children, who, on examination, were found to have redness of the fauces, and developed an eruption of scarlet hue on the skin within a few hours, which spread rapidly over the whole body. It was clear now that the children had scarlatina of a mild type; whereas the others had malignant scarlatina, where convulsions set in and death supervened before the eruption had time to appear.

That it is possible to mistake malignant scarlatina for meat-poisoning is evident when we bear in mind that the symptoms of meat-poisoning closely resemble those of scarlatina, sometimes even to the eruption; though often there is an eruption of urticaria.

That it is scarlatina, and not meat-poisoning, is evident from the fact that one child after the other was infected, and that even the child is affected which had not partaken of the sausage; and from the throat symptoms in the last two cases.

PHILADELPHIA HOSPITAL.

MUSCULAR STRAINS.

MCCLELLAN says, that in muscular strains he knows of nothing better than the alternate application of heat and

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cold as a stimulant to the lymphatics to carry off inflammatory effusion. A firm bandage should be applied to the affected limb, and after a few days the patient should be instructed to step on a cushion and then on the floor, so as to accustom himself to the act of walking. He considers lotions and liniments of very little use in the treatment of these very troublesome injuries.

FISTULA IN ANO.

McCLELLAN cautioned his clinic against using a stiff probe in packing a fistula; the tissues in the ischio-rectal fossa are so yielding that a false passage might easily result. He advised that a soft catheter should be employed for this purpose.

MEDICO-CHIRURGICAL HOSPITAL.

TREATMENT OF CONDYLOMATA.

STEWART says: "When you have to deal with condylomata of specific origin, apart from your internal remedies, local treatment is always necessary. Applications of nitric acid, the acid nitrate of mercury, nitrate of silver or chromic acid, all are to be recommended, the strength of each being regulated by the circumstances of each case. In the intervals a dusting powder of equal parts of subnitrate of bismuth and calomel is of much value in absorbing the moisture. Unguents are not advisable, as they tend to increase the irritation."

CANCER OF THE UTERUS.

STEWART, at his clinic, recently presented a patient, aged 55 years, whose history was as follows: She had been married 38 years, and had several children, but no miscarriages. Eleven years previously her youngest child was born after a protracted and difficult labor. For the past three years she had been failing in health, and had suffered much from pain in the uterine region, with constant offensive discharges and occasional attacks of hemorrhage from the vagina. Examination revealed the existence of an indurated mass filling up the pelvic cavity and involving the peri-uterine cellular tissue. The cervix was also indurated and deeply ulcerated. Stewart, after consultation with his colleague, Montgomery, on the case, said that the disease had gone entirely too far for extirpation of the uterus to be thought of. He was of opinion, had the patient been seen when the disease first commenced, the probabilities were that she would have lived for years after the removal of the uterus and appendages.

"Pain, hemorrhage and offensive discharge, sum up the symptoms of a case in which you may apprehend cancer of the uterus."—STEWART.

CONVULSIVE SEIZURES FROM CRANIAL DEFORMITY.

WAUGH, at his weekly clinic, presented a boy, aged 5 years, who had had several attacks of convulsions since he was eighteen months old. In none of these attacks was there loss of consciousness until January 27, of the present year, when the patient had four severe attacks in which he became unconscious. The family history was bad. Waugh called attention to the peculiar shape of the boy's head, which was large, with round forehead, and markedly flattened posteriorly. This flattening of the head was considered to be due to the fact that the child was allowed to sleep on his back on a hard pillow. Waugh mentioned some facts connected with the habits of the Flat-head Indians. A similar custom exists among the peasantry of France—the flattening in these cases being caused by pressure in infancy, and considered a mark of beauty. He made the interesting statement that in all his experience he never knew persons with unsymmetrical heads to be perfectly normal in their mental faculties. He said: "These cranial deformities have a great influence in producing nervous disorders. Marion Sims found in treating a case of infantile tetanus, that the child had lain on its back until depression of the occipital bone was produced. When this pressure was removed the child recovered. In this case, gentlemen, I think the predisposition to convulsions, which have been produced by various exciting causes, is explained by the flattening of the occiput and by heredity. With regard to treatment, I think the indications are to enforce the laws of hygiene; to give the child plenty of fresh air, and good, nutritious

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easily-digested food; to regulate his bowels and teach him to go to stool at a certain hour every day; to promote a healthy action of the skin by means of hot salt water baths, which are a most excellent therapeutical agent. They can be easily improvised by dissolving some rock salt in warm water and applying to the skin by means of a rough towel. As the child is somewhat anæmic, I will give him three drops of the tincture of perchloride of iron in a wineglassful of milk before each meal."

MITRAL INSUFFICIENCY AFTER ACUTE RHEUMATISM.

In a case occurring in a girl, aged 11 years, Waugh mapped out the following line of treatment: Flannel should be worn next the skin and every possible precaution observed against cold and damp. Rheumatic attacks should be checked immediately by salicylates and alkalies. Diet should be carefully regulated and the amount of fluid taken into the system reduced to a minimum, the object being to prevent overaction of the heart and thus lessen the tendency to fatty degeneration. Ten drop doses of syrup of the iodide of iron were given three times a day to diminish the endocardial deposit. Waugh thought the compensating hypertrophy of the left ventricle was just sufficient and that every effort should be made to keep it so.

FOR DYSPNŒA.

For the dyspnœa of a chronic pneumonia, WAUGH gave eserine and syrup of wild cherry. Opium, he says, should be avoided as long as possible; for, when the physician begins to give that drug to this class of patients, he is only accelerating the disease.

FOUND IN AN AMPUTATED STUMP.

A patient came to PANCOAST'S clinic, complaining of great irritation in the stump of his left forearm, the amputation having been performed some time before by another surgeon, on account of a wound caused by the explosion of a gun. Pancoast found with the probe what he supposed to be a piece of necrosed bone; but upon cutting down on and removing this offending body, it was found to be a piece of the gun-barrel fully two inches long by an inch in width. At the same clinic, Pancoast amputated the forearm of a man of sixty, for a sarcoma involving mainly the hand.

HEART-DISEASE IN WOMEN.

STEWART thinks that organic diseases of the heart are so fatal to pregnant women that he would earnestly advise a woman with such a lesion not to marry.

A CASE OF TÆNIA.

The cases of tape-worm in which definite symptoms are observed, which can with any degree of probability be attributed to the presence of the parasite, are so rare that the following case may have some interest:

Carrie Hogins, aged 25; born in Pennsylvania; widow; one child; mulatto. Suffered for two years, during which she has been passing joints of tænia.

Every morning, on leaving her home, she has a sense of compression, a "girdle," about the level of the nipple; lasts till 10 A. M.; after which feels well; roaring in ears at the same time; memory poor; some nausea, preceded by rumbling and "movements" in the abdomen, probably due to knowledge of worm's presence; appetite too good, especially at dinner; tongue normal; bowels fairly regular; menses sometimes very free, lasting a week; sometimes insomnia; vision defective; right eye quite so; worse when she has headaches, which are frequent, sometimes daily. Lately has been unable to sit out of windows to clean the outside, on account of vertigo. She was ordered one ounce of epsom salts at bedtime, one drachm of oleoresin of male fern in capsules on rising, with a drachm of ether, in simple elixir, to be taken at the same time; and two hours later, an ounce of castor oil, with thirty drops of turpentine. No food was to be taken until the oil ceased to operate.

The next evening she brought me the worm, nearly twelve feet in length, with the head. It was unbroken, having been passed into a bucket of warm water.

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PHILADELPHIA

MEDICAL TIMES.

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EDITORIAL.

HOMES FOR AGED PERSONS.

IN our last issue we gave some reasons for our belief that the private insane asylum should be abolished. The principal objection to it is that the relations between the management and the patients are not those which are calculated to bring about the best results in the curing of the insane. There is another institution, however, to which the objection may be made that these relations are not calculated to favor a prolonged residence in the place, but rather the contrary. This is the private Home for Aged Persons.

One of these is located near the city, in a rather desolate looking place, to which access is to be had by means of a road knee-deep with mud. It is a home, so-called, for aged people of both sexes. If any of our readers have any old parent or relative who has outlived her usefulness and is in the way, or has by age become troublesome, he can have her admitted to this home, on payment of three hundred dollars; this sum relieving the relatives from all further obligation or expenses. In case of extra feebleness or fatal disease, it may even be possible to obtain admission for a smaller sum.

We can readily fancy the bargain by which some aged mother is admitted to the privileges of this beneficent home. How the experienced eye of the proprietress studies the features of the prospective inmate and calculates the probable duration of her life. Has she any disease, any cancer or bronchitis which promises to make her remaining days short? Then we can afford to take off a few dollars. Does her form indicate undue tenacity of the vital force? Better be careful, she may prove a bad bargain. At last the terms are settled, the money paid; the son turns away with a sigh of relief, that *that* nuisance is done with, forever; while the miserable relic is driven off to her last earthly home. What for? To be tenderly cared for during her last days, to be nursed and soothed and kept in such a degree of comfort as is still possible? But every day she lives is just so much off the profit! And if she outlives the profit, and lasts till her keep has cost all of her three hundred dollars, and she begins to eat into the surplus left by more fortunate inmates? We very much fear that the case which is admitted with the prospect of a speedy death, but which lives for years, has not much loving kindness, not much tender nursing, to boast of.

Besides, there's a possible way to get out of a bad bargain. If the relatives are not wholly brutalized, and pay an occasional visit to the "home," the complaints of the inmate may even stir into existence a spark of humanity in their hearts. If only she can be made to complain with sufficient bitterness, the relatives may remove her, forfeiting the entrance fee; as no money is ever returned.

During a visit we made to this home some years ago, we noticed a very significant shrinking when the "nurse," a tall, powerful woman, who went about

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with a long stick, came near any of the patients. There was also a remarkable alacrity in the way these old people moved when she told them to do so. It certainly did not look as if rheumatism were prevalent among the inmates. Meanwhile, the crash of dishes in a neighboring room, where an alleged lunatic was confined, enlivened the scene, and doubtless induced the other patients to be thankful, or otherwise, that reason was still left to them.

Would any of our readers desire to be sent to such an institution, not an incorporated charity, with managers, etc., but a private enterprise, conducted as a business, and presumably on business principles? Beside such a place, a state asylum for the insane, like Dixmont or Warren, would be a haven of rest.

We make no charges of cruelty towards the managers of this home. We simply wish to say, and that most emphatically, that this is the sort of an institution which ought not to be in existence; that a home where every act of kindness which makes an inmate live a day longer or renders his or her lot less dreary, is simply so much money out of the proprietor's pocket, is a horrible thing. That an enterprise conducted on such principles can find patrons enough to keep it in existence is a blot on humanity.

ANNOTATIONS.

INSPECTION OF MILK.

It is a matter of universal regret that the Legislative committee has reported adversely to the bill providing for the inspection of milk. The appearance of delegates from the dairies opposing the bill was, in itself, a strong argument in its favor. It is still possible that the bill may pass, in spite of the negative report of the committee. Nevertheless, we believe that the proper place for the inspection of milk is in the consumer's residence. Even if the milk be pure and sweet when inspected at the dairy or the market, it may be quite altered by the time it reaches the consumer. It is not very difficult to teach an intelligent person to test the milk for himself; and this should be the duty of every practising physician.

THE VIRGINIA BOARD.

The case against this board seems to grow stronger every day; and the evidences of partiality and unfair dealing multiply. The Medical College of Virginia first proclaimed that the board was packed in favor of a rival school; but the outcry of interested motives was so great that she dared not openly oppose the board. One of the Virginia journals was courageous enough to speak up for the honor of the State. In an editorial, Dr. Bryce boldly denounced the board for its favoritism, in giving a "nominal examination of ten minutes." Since then Dr. Detwiler comes out in the *Register*, with the charge that the examinations are conducted in the interests of the Virginia medical schools, rather than in those of right and justice. It certainly seems remarkable that the University of ~~Virginia~~, which is located at a country village, with no clinics worthy of the name, should be better able to instruct her students than the great schools of New York and Philadelphia. We understand that Virginia students learn by rote from text-books, like children in a primary school; and it may be that this method enables them to pass a better "book examination." But will any one claim that this system gives as good practitioners as that in which hand-work and clinical teaching take the place of this schoolboy system? We can only conclude that the Virginia examinations are not conducted upon correct principles; or else the universal belief in the importance of clinical teaching is a mistake.

Read "Penn Med"

POSSIBLE POISONING CASE.

A case has been reported in the daily press, which was thought to be one of poisoning. Several children were taken sick shortly after partaking of "half-smoked" sausage. Two have died, and

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two others are lying very ill at the German Hospital. The symptoms are said to have been vomiting and retching, followed by the appearance of a red rash covering the body. Violent gastric pain ensued, with diarrhœa. The temperature rose to 104° F., and the pulse to 140, in one case. Convulsions occurred later, and the child died in a spasm. The physician attributes the symptoms to poisoning by ptomaines.

If this be correct, the poison must differ from that found in milk. In fact, there is danger of going too far in attributing such cases to ptomaines. The possibility of poisoning by design must not be wholly forgotten.

As to this half-smoked sausage, it is a food of doubtful antecedents. Many a belated physician has met the vendors of hot sausage who appear on the streets in "the wee sma' hours ayont the twal.'" We have even partaken of this viand with relish. One day we were called in to see a sick child in a house where these midnight delicacies were being prepared; and we saw—and smelt—enough there to make us ever afterwards forswear these sausages.

The odor of these sausage factories is enough to warrant one in attributing any amount of sickness to their product. The best of this sausage is said to be made of bob veal; the composition of the worst may be guessed; but trichina and cholera morbus form important constituents.

[Note. It will be seen by Dr. Wolff's account in another column, that these were cases of scarlatina.]

Dr. J. J. Mulheron has resigned the editorship of the *Medical Age* in order to devote more time to his lectures. This speaks well for the Michigan College of Medicine and Surgery, in that Dr. Mulheron places his chair above the editorial tripod. In one way, perhaps, this is a wise move. If one wants to do a thing well, he must not dissipate his energies on side issues. But on the other hand, the training of the editor is the best possible preparation for the lecturer. Keeping in touch with the profession, reviewing the work which is constantly coming into print all over the world, and keeping up the actual practice which enables one to discriminate and keeps him from becoming pedantic, are the best means of keeping in "condition" as a lecturer. This involves the necessity of doing three mens' work; but, as Horace Greeley said, if a man can't do that, he must not expect to succeed nowadays. Dr. Mulheron will be sadly missed. His bright wit has made the *Age* one of the most popular of our medical journals. Dr. B. W. Palmer, who succeeds him, will have a hard task to keep the pace set by his predecessor; though his first number is quite up to the mark. We extend our best wishes for future success to both gentlemen.

The *Montreal Medical Journal* comes out in strong opposition to the course of instruction in the Canadian medical schools. The requirements of the board of examiners necessitate so much didactic work that the student has no time for laboratory or clinical study. Of the twelve medical schools in Canada, only one or two can claim to be thoroughly equipped, and the usefulness of these is greatly curtailed by the students being compelled to spend so much time in listening to didactic lectures.

Although we have doubled the number of copies reserved for our office, it seems to be impossible to keep our files intact. We are out of Nos. 542, 548, 549, already, and have numbers of requests for them on file. Any of our subscribers who may have an extra copy of either number mentioned, will confer a favor upon us by sending it to the office. And our readers will oblige us by renewing their subscriptions promptly and not asking for back numbers unless specially desired.

The *Therapeutic Gazette* fires a broadside at Dr. William A. Hammond and his newly opened Sanitarium; which we hope will open up the question of physicians advertising. At present, the law of the A. M. A. is so curiously constituted that it is ethical for the poorly paid specialist to advertise, but not for the wealthy family physician. What folly! Better have no law on the subject, and leave each to settle the question according to his own sense of propriety.

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LONDON LETTER.

CHRONIC ALCOHOLISM.

THE convinced and uncompromising enemies of alcohol in every and any form will not find the perusal of the remarks made during the debate on the pathology of chronic alcoholism at the Pathological Society of London altogether to their taste. The President, Sir James Paget, commended the caution which had been exhibited during the discussion, and contrasted it with the positive and dogmatic statements made "elsewhere" by those who possessed no real knowledge of the subject. The truth appears to be that alcohol is a tissue poison, acting locally and directly, and Dr. Payne's really brilliant suggestion that alcohol is most nearly allied, in its mode of action as a chronic poison, to the mineral poisons (lead, arsenic, copper), or the virus of the chronic specific diseases, appears to me to be the most important idea which the debate has to give. Why alcohol picks out the brain and the peripheral nerves, leaving the spinal cord unaffected, or at least very rarely attacking it, cannot be explained. Neither can we explain why morphine, strychnine and lead pick out certain areas of the nervous system. Neither pathology nor vital statistics, so far as we have yet gone, afford any evidence that alcohol, taken as a beverage properly diluted, at or after meals, produces any injurious effect on the human organism as a whole, or on those organs —the brain, the nerves and the liver— which appear to be most sensitive to its influence. Intemperate drinking, long continued, produces wasting of the brain, peripheral neuritis (? = wasting of the nerves), and cirrhosis of the liver. Dr. Savage made a very good speech on the first head. Adopting a general classification suggested by Dr. Payne, he divided cases of insanity due to alcoholism into three classes or stages: (1) disorders of function, (2) malnutrition, (3) degeneration. He suggested that a fairly large number of persons suffering from hallucinational and delusional insanity owe their delusions and hallucinations to peripheral neuritis of alcoholic origin. In the third stage there is a general wasting of the brain and a progressive loss of power of all the faculties. He rejected the theory that general paralysis is commonly due to alcoholism. Though alcoholic excess is common in the history of general paralytics, it only appeared to be the sole cause in seven per cent. of the cases; ranking in this as less dangerous than lead-poisoning. The general conclusion from his remarks was that the proportion of persons rendered insane by drink was very small, though a great number predisposed to insanity are pushed over the border-line by alcoholic excess.

Dr. Payne, in summing up, said that the practical conclusion to be drawn was that the injurious effects on the nervous system and on the liver of an injurious quantity of alcohol is almost in direct proportion to the degree of concentration in which it is ingested; a statement which must be further qualified by adding the condition that the injurious quantity must be frequently ingested before any structural tissue changes are discoverable.

CHRONIC RENAL DISEASE — GOUT — ALCOHOLISM.

An explanation of the immunity of the kidney is probably afforded by the fact that alcohol only produces structural changes when concentrated. It reaches the liver in a comparatively concentrated state and produces cirrhosis. Before it reaches the kidneys it is much more diluted, and does not lead to any morbid change there. Some evidence was indeed adduced from the Guy's Hospital post-mortem records, to the effect that drunkards, dying with cirrhotic livers, had hypertrophied kidneys; and this was supposed to be a case of true hypertrophy from over use. Admitting this theory to be well founded—which I do not admit—it would afford convincing evidence that alcohol does not injuriously affect the kidney any more than pregnancy injuriously affects the heart.

Some statistics are worked out by Dr. Edward Casey, of Windsor, from returns furnished to the Collective Investigation Committee of the British Medical Association. It is a kind of supplement to the big report on chronic

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alcoholism, which certain scoffers professed to interpret as recommending chronic intoxication. What the report actually showed was that the temperate people had an average of 62 years of life, the intemperate of 52 years, and the total abstainers of only 51. This somewhat absurd result, however, was explained by the fact that a great preponderance of the total abstainers were young people. With which somewhat cold comfort, and the further statement that total abstainers over 40 showed an expectation of life at least four years longer than the habitually intemperate, the teetotallers must make shift to be contented.

To revert to Dr. Casey's statistics. He has brought additional evidence in support of the theory that chronic Bright's disease is closely related to the gouty diathesis. He found that, of 2399 persons (excluding total abstainers and persons under 40 years of age), 529 persons were gouty, and 1870 were not gouty. Fifty of the gouty persons died of Bright's disease, but only 66 of the non-gouty. The gouty therefore gave a mortality of 9.5 (nearly) per cent. from Bright's disease; the non-gouty a mortality of 3.5 per cent. from the same cause. The statistics were founded upon a set of returns on alcoholism, and contained therefore a very large proportion of intemperate persons. The influence of alcohol in the production of Bright's disease is therefore very indirect, and operates only in the case of the habitual use of beverages which tend to produce gout.

NERVE-GRAFTING.

Mr. Mayo Robson, of Leeds, has performed the new operation of nerve-grafting with, at any rate, partial success. The patient was a girl, aged 14, who had a tumor just above the annular ligament of the wrist. After excision, it was found to be connected with the median nerve, and it was apparent that a portion of this nerve had been excised, the patient having lost sensation in the area of the hand supplied by the median. Forty-eight hours later the operation of grafting was performed. Mr. Robson utilized the posterior tibial nerve from the thigh of another patient upon whom a colleague was operating. The posterior tibial was quickly dissected out, without bruising, from the amputated leg, placed in warm carbolic solution during its transit to the forearm, and inserted in the wound between the two ends of the median nerve. A single fine suture at each end, passed through the thickness of both nerves, kept the graft, which measured 2½ inches, in place. In thirty-six hours sensation had so far returned to the anæsthetic area that the touch of a pencil could be localized. Improvement in sensation subsequently took place more slowly. Mr. Robson showed his patient to the Clinical Society of London lately. Though there was still some numbness and tingling, sensation was remarkably good. There was, however, a bulla on the tip of the index finger, and it cannot yet be said that the cure is entirely successful. Mr. Bowlby, who gave some excellent lectures on nerve-wounds at the College of Surgeons a year ago, said that the amount of sensation was greatly in excess of what might have been expected if neither grafting nor suture had been performed; though, even under conditions so apparently hopeless, a considerable restoration of function had sometimes been observed. Of the muscles supplied by the median, the abductor and flexor brevis pollicis could be made out to retain some power, although much wasted. It is to be hoped that Mr. Robson may be able to watch this case, so as to give its subsequent history a year hence.

CÆSAREAN SECTION AND PORRO'S OPERATION.

Dr. Murdoch Cameron, of Glasgow, has recently published a full report of his case of Cæsarean section. The woman was a primipara, aged 27, presenting well-marked rickety deformity. The conjugate diameter at the brim did not exceed 1½ in. Seven silk antiseptic stitches were passed through the outer two-thirds of the uterine wall. When drawn tight, these completely checked the bleeding. The patient made a good recovery, and left the hospital with her child five weeks after the operation. In this case the woman only applied after labor had set in. Dr. Berry Hart, of Edinburgh, appears to hold that the

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selected operation ought to be performed in these cases before labor sets in. This is especially the case with Porro's operation, as delay until the last moment, when the development of the lower uterine segment, abdominal position of the bladder and formation of the circular vein force the surgeon to make the incision high up, interfere with the formation of the pedicle, and may lead to serious hemorrhage, owing to wounding of the circular vein.

THE NEW COUNTY COUNCILS.

The business of the counties of England, both judicial and administrative, has hitherto been managed by the Magistrates, who are nominated by the Lord Chancellor. The Local Government Act passed last year transfers the bulk of the administrative functions to County Councils elected by the ratepayers. The first elections were held last month (January), and the Councils get to work on All Fools' Day; but as the electors have generally chosen men who have experience in public business, there is no particular reason to fear that they will act more foolishly than other elective bodies. A fair sprinkling of medical men have been elected. The County Council will be the sanitary authority for the area; but its powers will be mainly supervisory, and will be chiefly confined to stirring up the parishes to do their duty. Each Council will have the power of appointing a medical officer of health, to advise it, and will also appoint the coroners. The new act is theoretically an improvement on the old system, and would have been a great improvement if passed as introduced by the Government, after consultation with the leading authorities—legal, official, financial and sanitary. It was, however, so whittled during the endless debates, kept up month after month by the Gladstonian obstructionists, that it will only too probably lead to great extravagance in administration, if not to inefficiency. It is said that the Reform party, which is now headed by Lord Salisbury, contemplate backing up Mr. Ritchie, who passed the Act, in the session of 1890, when a new bill is to be introduced, to explain, define and extend the present Act.

PRURITUS ANI.

I do not know whether the following simple treatment for pruritus ani is well known or not. If not, it deserves to be, as it is very often effectual; it has even been described to me as infallible. Wash the parts at night thoroughly with warm water and plain soap, and dry thoroughly. Then apply the compound tincture of benzoin (Friar's balsam) with a camel's hair brush, and let it dry. The application gives instant relief, and must be repeated every night for several nights, when the itching will often be found to have disappeared completely and permanently.

PILOCARPIN IN ICTERIC ITCHING.

Dr. Goodhart, of Guy's Hospital, was led, by reflecting that a drug which was so uniformly productive of speedy diaphoresis must profoundly modify the functions of the skin, to try the hypodermic injection of pilocarpin to relieve the intractable itching of chronic jaundice. He reports that, in every one of six cases in which he has tried it, it has been successful. The dose he used was one-third of a grain; which, it would appear, has to be repeated only every third day.

EXIT CODEINE.

Dr. Parry's theory that codeine had some mysterious influence over diabetes has probably received its final quietus from some observations made by Professor Fraser, of Edinburgh. The chemical constitution of codeine suggests that it is only a weakened morphine: morphine in which the hydrogen of the hydroxyl is displaced by methyl. Thus, if morphine be written $\left.\begin{matrix} C_{17}H_{18}O_2 \\ HO \end{matrix}\right\} N$, then codeine is $\left.\begin{matrix} C_{17}H_{18}O_2 \\ (CH_3)O \end{matrix}\right\} N$.

Professor Fraser has found, by an extremely laborious clinical investigation, that codeine is a less powerful remedy in diabetes than either opium or morphine. Hydrochlorate of morphine is the best of the three: better than opium, and far better than codeine. The dose of hydrochlorate of morphine used was one grain per diem, and it seemed a matter of indifference whether the drug was given in one daily dose of one grain, or in divided doses of one-third of a grain three

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times a day. Dr. Frazer's observations thus fully confirm Dr. Mitchell Bruce's. The result is the more satisfactory, as codeine is three times the price of morphine.

EXCISION FOR TALIPES VARUS.

Dr. Garden, Surgeon to the Royal Infirmary and to the Children's Hospital in Aberdeen, showed, at a recent meeting of the local branch of the British Medical Association, a boy on whom he had operated for extreme talipes varus about three years before. There had been removed at the time the anterior part of the astragalus and os calcis, with the whole of the scaphoid, cuboid and cuneiform bones. The result had been excellent. The boy could walk on the sole of the foot with little limp, and was one of the best football players in his school, he being able to kick equally well with both feet.

FRIEDREICH'S DISEASE.

Two cases of Friedreich's disease were recently shown to the Medical Society of London by Dr. Sainsbury. Dr. Ormerod had also intended to show some cases, but they failed to attend the meeting. It is curious to note how cases of this disease entirely escaped attention until comparatively the other day; and curious also to reflect that there are, in all probability, other diseases, presenting an equally distinct symptom-complex to our observation, which as yet escape recognition. Even after a disease has been recognized and its symptoms described, a good many years would seem to elapse before the profession at large begin to diagnose it. It is said, for instance, that the leading throat specialists in London have had more cases of laryngeal cancer sent them from the country during the last two years than in the preceding ten. Cancer may be increasing amongst us, but not quite as rapidly as that.

Eucalyptus oil is recommended as an internal remedy by Dr. Philip, of Edinburgh. He gives it in an emulsion with cod-liver oil. The eucalyptus is said to disguise the flavor of cod-liver oil, and the emulsion was well borne by patients who could not take other preparations of that nauseous drug.

University College Hospital has suffered a serious loss by the resignation of Dr. Gowers, who finds himself unable to discharge the duties of Professor of Clinical Medicine there, and at the same time act as physician to the great "nervous hospital" in Queen Square, without neglecting the large private practice which he has now gained.

A "medical transfer agency" of an entirely irreproachable kind is to be started in Edinburgh. The agency intends to insist on every client giving full and clear information on all matters relating to his practice and profits. A "*locum tenens* and assistants' department" is also to be organized to supply learned, experienced and immaculate young men at strictly reasonable terms. Wherein the new agency will differ from its rivals is not very clearly stated. DAWSON WILLIAMS.

SOCIETY NOTES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At the meeting held January 9, Dr. Harry F. Guss read a paper on

THE STUDY OF THE MORTUARY STATISTICS OF PHILADELPHIA.

He objected to the return of such indefinite causes of death as chill, colic, fever, coma, etc. During the past twenty-seven years the average annual birth rate has been 24.35 per 1000; and the death rate 21.84; the excess of births annually being 1070. In eight years the deaths exceeded the births; this being due to small-pox, scarlet fever, cholera infantum and diphtheria; except in 1862–65, when the absence of many husbands during the war was attended with a very creditable decrease in the births.

The greatest mortality in a single week was in July, 1876, when there were 864 deaths; 90 being due to sunstroke.

The custom of basing the weekly reports upon the interments is fallacious and misleading.

The statistics show a persistent increase in the number of deaths from puerperal septicæmia, venereal disease,

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cancer, tumor, diabetes, apoplexy, paralysis, mental diseases, still-birth, malformations, pneumonia, hernia, debility, peritonitis, exposure and neglect. Erysipelas has steadily decreased.

Between 1886 and 1887 the increase in deaths due directly to alcoholism is over 70 per cent. This, Dr. Guss believes, indicates that the use of malt liquors instead of whiskey is not for the public good. There is likewise a very great increase in the deaths due to such affections as are charged to the excessive use of alcohol.

Epidemic and contagious diseases are decreasing, while respiratory, circulatory and nervous diseases increase.

The paper closed with a number of suggestions tending to rectify the inaccuracies of the present system of registration; the most important being that the work should be under the supervision of a competent physician.

In the discussion following, Dr. Leffmann gave some valuable suggestions. The location of zymotic diseases should be given more accurately. Faulty and careless diagnoses give rise to confusion and other affections, or even the results of a debauch are credited to typhoid fever. He thought that Philadelphia was no worse than New York, Baltimore or Boston; which is surely reason for local pride.

Dr. Dulles repeated the recommendation given some time since in the PHILA. MED. TIMES, that the custom of the French Academy should be imitated and commissions appointed to prepare reports upon matters of public interest.

Dr. Joseph Price presented an exceptionally large

OVARIAN ABSCESS,

as large as a child's head, and filling the pelvis completely.

At the meeting held January 23, Dr. E. P. Bernardy read a paper on

BINIODIDE OF MERCURY,

as an antiseptic. He detailed the experience of Bolshesolsky, Krassowski, Mangiagalli, d'Angely, Webster, and Thomson, and gave in detail his own results with its use in obstetrical and surgical practice, as an application in the form of biniodide wool over the chest in pulmonary troubles, and as a disinfectant of typhoid stools. Dr. Bernardy very fairly proves, if any one doubts it, the efficacy of the biniodide as an antiseptic and its superiority over sublimate.

Dr. Woodbury had used the agent successfully. He objected to the so-called pellets of biniodide, because they are not pellets, and they do not contain the biniodide. They are troches, and look so much like candy that they are liable to be taken for it by children. The active principle is the iodo-hydrargyrate of potassium, or Neisser's reagent. This probably does good by precipitating the leucomaines, which are alkaloidal, and are produced by bacteria.

Dr. M. Price read a paper on

AMPUTATIONS OF THIGH AND LEG.

He believed that surgeons do not sufficiently consider the future usefulness of the stump. As to the leg, all that is left below the middle is useless, and in the way. In amputations just above the ankle the bone cannot be well covered, and an artificial leg cannot be worn unless the leg be extended at right angles, and the artificial limb fitted to the knee. Moreover, it is almost impossible to keep the stump warm.

In the discussion following, several speakers agreed with Dr. Price.

Dr. H. R. Wharton thought a good stump could be secured from Syme's or Pirogoff's operation, as well as from knee-joint amputations, where the condyles and patella are saved. The main element of a good stump is a movable covering.

Dr. J. B. Deaver said he never does Syme's operation, but favors Pirogoff's and Chopart's.

Dr. Woodbury called attention to the observations of Agille, in which it is stated that the prognosis of pulmonary tuberculosis is improved by an amputation, the larger the better. It seems as if the nutritive powers are insufficient for the needs of the whole body, but may suffice if a large part has been removed.

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LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is by means of a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

CARBOLIC ACID IN TYPHOID FEVER.

So numerous are the new remedies brought before the profession, and so great the desire to discover specifics for the cure of disease, that in our research and experiments we are prone to lay aside, and neglect the study and use of some of our old and most valued remedies.

Certain it is, we have no specifics in the strict sense of the term, as the surroundings, constitution, temperament, etc., of each case, so modify the pathological condition and symptoms of a disease as to require different kinds of treatment.

Most diseases at some time or another have had their so-called specific treatment, which has fallen into disuse, to be followed by other methods; so it has been with typhoid fever.

Bartholow originally suggested carbolic acid and tr. iodine in this fever, which has been used with success.

Da Costa and others have used carbolic acid in typhoid with good results.

While many condemn carbolic acid as useless in typhoid fever, it is certainly a good remedy, and as near a specific as any we possess in the treatment of this dangerous disease.

My experience with the acid is limited to thirteen cases, treated during August and September, 1888, without a loss, although ten of them were of the worst type. Treated five cases in July without the acid with a loss of two.

One of the thirteen cases (boy aged 16 years) had a profuse hemorrhage from the bowels before beginning treatment, which was controlled with opium and bismuth subnit. Another case (boy aged nine years) was complicated by an acute bronchitis, which was treated with carb. ammonia and remedies directed to that trouble.

These two cases were marked by low muttering delirium, subsultus and carphologia. Delirium, etc., were present and pretty well marked in most of the cases, but of short duration. Gave plenty of milk and lime water, and the following prescription throughout the disease:

℞ Acid. carbolici.....gr. xxxii–℥ j.
Sp. lavandulæ, co..... ℥ viij.
Aquæ..... ad ℥ iv.
M. Sig. ½ to 1 teaspoonful, in water sweetened with glycerine, every three or four hours.

When indicated, tr. digitalis was given alternately with the prescription, and turpentine stupes to the abdomen, and a few drops of the oil of turpentine inwardly when any tympanites was present.

While the stages were not much shortened, the symptoms were rendered very much milder, and there was but little trouble with diarrhœa and high temperature, as there usually is.

In cases where the temperature was high, 104° to 105.5° F., at the end of the first week, it would come down after giving the acid, so that antipyretics were not needed.

The remedy certainly merits a more extended trial in typhoid fever, cholera infantum and cholera morbus.

I think it is but few cases of typhoid fever that are benefitted by heroic doses of quinine and cold baths.

J. M. Sites, M.D.

Upper Tract, W. Va.

AN IMPROVED "UMBRELLA" ELECTRODE FOR INCREASING THE ACTION OF THE STATIC BREEZE ON THE HEAD.

It is one of the fundamental laws regulating static electricity that it is condensed and conducted on the surface, and that its intensity is directly in proportion to the surface of the conductor. Realizing these principles it forced upon me the conclusion that the so-called "umbrella electrode" heretofore in use for concentrating the static breeze on the scalp was at fault, for the reason that the metallic points prescribed for the passage of the electricity were not in harmony with the laws governing

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its passage. After numerous experiments I have succeeded in devising an improved form of electrode, which, from the results of cases treated by it, as compared to those where the old form of electrode was used, conclusively prove that the electricity is uniformly distributed over the scalp in a manner never before obtained.

The device I refer to consists of two discs of hard rubber seven inches in diameter, through the lower one of which are inserted about 170 fine metallic points, half an inch apart. Between the two discs of hard rubber is fastened one of brass, giving perfect connection to every one of the points, the whole being suspended by a nickel plated lock to a tripod stand having actual ground connection, or not, as the effect is wished to be intensified or lessened. The Michigan Electrical Works of this city carried out my ideas very perfectly, and apart from the increased efficacy of this form of electrode, its appearance is very much superior to the old style, while the cost is very little more.

DR. H. MONTAGUE.

Detroit, Mich.

LOCOMOTOR ATAXY.

Editor MEDICAL TIMES:

Noticing in the *Medical World* of January, 1889, that in your answers to inquiries you stated that locomotor ataxia is sometimes curable, I write to say that my son has been a sufferer from this disease, and desires to lay his case before you for a suggestive treatment. His disease has been coming on for fifteen years; for the last ten years it has assumed the progressive type, so much so that it is with great difficulty that he can walk at all. His general health is good; weighs 150 pounds. I know no cause for the disease; he has not been dissipated; the great trouble is want of co-ordination. Will you suggest a treatment? He has taken phosphate of zinc without any visible or manifest improvement. I have another son now in the incipient stage, who is only twenty-two years of age, a boy of exemplary habits. The rarity in this country of tabes dorsalis render the medical fraternity here entirely at sea as to the practical procedure required. J. R. M.

Ironsville, N. C.

[Dr. Charles Carter reported two cures of ataxy, resulting from the use of oxide of silver. We met one of these cases several years afterwards and he was still well, and pursuing his avocation of a walking peddler.

In an advanced case, such as that described by you, little is to be expected beyond relieving the pains with antipyrine, gr. v to xx, as needed, and delaying the course of the malady by electricity, massage and hydropathy. In the incipient case we should be inclined to give strychnine, pushed to the verge of tolerance. In one case which came to us in the early stages this treatment proved successful, although the field of vision was contracted in both eyes when the patient was first seen. This was two years ago, and he remains well.—W. F. W.]

DEAR DOCTOR—I have just noted your reply on page 321, to "A question of custom." I have *read* that Dr. John P. Gray, of the Utica (N. Y.) Asylum, had a large private practice which netted him about double the amount paid him by the state. (Salary $6,000.) I think your answer is correct.

Charlotte, N. Y. S. J. SMITH.

A LEGAL QUERY.

Editor MEDICAL TIMES:

Could a physician's accounts be garnisheed or attached in Pennsylvania, for damages in a case of malpractice?

J. C. W.

[We do not believe there is any special exemption for physicians' accounts, but that they can be attached like any other book accounts.—ED.]

JABORANDI.

Permit me to add my testimonial to the therapeutical virtue of fluid ext. jaborandi in erysipelas, also its happy action as a relaxant agent in obstetrical troubles.

J. R. MCCORKLE.

FOR DYSPEPSIA.

℞ Acidi hydrochlorici dil.....℥ v
Lactopeptine..... ....℥ iiss
Liq. potass. arsen.....℥ j
Glycer. acid. carbol.....℥ iiss
Syr. zingiberis.....℥ iss
Aq pep. minth. .....q. s. ad ℥ iv
℥ Sig. Teaspoonful in a wineglass of water after each meal. (Shake well.)

Charlemount, Va. R. G. O'HARA, M.D.

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REVIEWS AND BOOK NOTICES.

THE OPERATIONS OF SURGERY, by W. H. A. JACOBSON, F. R. C. S, Assistant Surgeon, Guy's Hospital; Teacher of Operative Surgery, and Joint Teacher in Practical Surgery in the Medical School; Surgeon to the Royal Hospital for Children and Women. pp. 1002. 199 illustrations. P. Blakiston, Son & Co., Phila.

To-day successful surgery is a matter of attention to details, and the art of surgery is more regarded than the science. The surgeon, now, feels that he is to blame for every result after operation that is not absolutely perfect, and that the imperfections depend upon his inattention to well known details.

New operative procedures and modifications of the older methods appear almost daily in our enormous periodical literature, and any work grouping this material is gratefully received by the surgeon.

Mr. Jacobson has well fulfilled his task; not only are his descriptions of his operations full and exact, but he gives clearly and concisely the diagnostic points and the indications for operation. The newer operations are described in full, often in the words of the original operator; the list is a long one and indicates the very rapid recent advances in surgery. He includes, in addition to the modifications in the older operations, full description of Hardie's modification of Goyraud's operation for contracted palmar fascia; the methods of nerve and tendon suture, the modern treatment of bullet wounds of the brain and abdomen, the removal of brain tumors by the methods of Godlee, Horsely, and others; MacEwen's method of making a new humerus by the transplantation of bone; stretching of the facial nerve; excision of the larynx; the drainage of lung cavities; the excision of ribs for empyema; the radical cure of hernia by the methods of Banks, MacEwen, Barker, Wood and Spanton; nephrotomy; nephrectomy; nephro-lithotomy; nephrorraphy; the method of exploration of the abdomen in acute intestinal obstruction; the operative treatment of suppurative peritonitis; Loreta's operations for dilating the orifices of the stomach; excision of the pylorus; gastro-enterostomy; duodenostomy; jejunostomy; Bernays' treatment of gastric cancer by the use of the curette; excision of the spleen; cholecystotomy; cholecystectomy; litholapaxy in male children; treatment of ruptured bladder; excision of the rectum; wiring fractures of the patella; erosion of the knee joint; trephining the vertebral column, etc., etc.

He describes, but does not endorse, tubage, or intubation of the larynx, and states that Mr. MacEwen first called attention to this method, and reported four cases in 1880. Dr. O'Dwyer's first paper appeared in '85.

He does not mention Hueter's operation for the removal of the second division of the fifth nerve, probably the best operation for this purpose yet devised; nor Senn's method of rectal insufflation of hydrogen gas in the detection of wounds of the intestines. The work would bear, with great advantage, the addition of a number of wood cuts. J. M. B.

THE THEORY AND PRACTICE OF OBSTETRICS: Including Diseases of Pregnancy and Parturition, Obstetrical Operations, etc. By P. CAZEAUX. Remodeled and re-arranged, with additions and revisions, by S. TARNIER. Eighth American Edition. Edited and revised by ROBERT J. HESS, M. D., with an appendix by PAUL F. MUNDÉ, M. D., with chromo-lithographs, lithographs and other full page plates, and 175 wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1889. Cloth, $5.00.

This is a student's edition of 1221 pages. A foreign work which has reached the eighth American edition is certainly popular. Since the preceding edition was issued there has been much progress in the art, and the American editor has had a later French edition to consult, and also one appearing in Italy, with notes by Chiara, Morisani, Libone and Porro. The text of Cazeaux and Tarnier has been left intact, and later contributions have been separately introduced.

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PHILADELPHIA MEDICAL TIMES.

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SURGICAL CLINIC.

ON DISLOCATION OF THE ELBOW BACKWARD. ITS TREATMENT.

BY PROF. TILLAUX,

Surgeon to Hotel Dieu Hospital.

(Trans'ated by Thomas Linn, M.D., Paris, France, exclusively for the Philadelphia MEDICAL TIMES.)

GENTLEMEN: We will occupy ourselves with this young man, 24 years old, who some three months ago fell from his horse, on his left hand, which was in pronation with his arm extended. He hastened to a surgeon of the place, who thought that it was a simple contusion, and told him to rub it with camphorated oil; but it did not get any better, and he went to Pau, about a month afterwards, where it was at once recognized as a laxation of the elbow backwards. Here two attempts at reduction were made, but without success, and our patient went on to Bordeaux, where a very serious attempt was made by the use of pulleys.

A traction of 190 kilos was made, but with the same result as at first. He was then sent up to Paris to our service, and I tried once more to reduce it, and

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had no more success than the others, and I must tell you that I made a very serious attempt to reduce it. Our intern put the patient under chloroform, and we took a three-quarters of an hour trial of it. We first of all tried to break up all adherences, by moving the arm in every direction. Then we tried traction. Four of my aids made extension and counter-extension, while I watched the action on the skin, and with my thumbs on the back of the elbow, one on the olecranon, and the other on the head of the radius, I made direct pressure, which always succeeds in a recent dislocation; but after having tired myself out, and all the aids, we gave it up and decided that our patient had an irreducible luxation of the elbow, backwards. This you know is the commonest form of dislocation of the elbow, and I shall not take up much of your time in telling you how to diagnose such troubles; but as the signs still exist in our patient and you can follow them well, I will just run them over.

First, there is a deformity of the elbow which is characterized by an augmentation of the antero-posterior diameter. You have only to compare the other elbow to see this, and you should always compare the opposite side in all traumatisms of the elbow. There is also a sign to which I attach a certain importance and which is not described in your books, and that is the difference in the axis of the forearm and that of the arm, now prolonged. I simply mention this as it strikes the eye of all experienced physicians. The prominence of the olecranon is no longer in a line with the condyles, but here you must make the comparison with the other side, and remember that it is different when the forearm is half flexed, or wholly so, and again when the arm is in extension. So, here, in making the comparison with both arms in the same position, semi-flexed, you see that the olecranon is above the line that unites the two tuberosities. You feel the cupula of the radius behind, and putting your finger on the external tuberosity of the humerus, and sliding your finger from above downwards, you feel the prominence made by the edge of the radial bone; below, there is a depression where you can feel again the head of the radius. Another sign is the depression above the olecranon. The olecranon has been carried strongly backwards, the tendon of the triceps has been depressed, and there is a depression here in which you can put your finger and feel the posterior surface of the humerus.

There are two more signs that a surgeon should seek for. It must be acknowledged that when there is great swelling during the first few days after such an accident, it is quite possible to make a mistake in diagnosis, and many have lost the use of this joint owing to the negligence of the attending surgeon; but I must tell you that there are these two signs that can always be found, no matter how great the contusion, or the inflammation and swelling.

These are physiological signs.

The first *is an impossibility to make movements of flexion of the forearm, on the arm.* I do not know of any other affection in which this is impossible, and in the luxation backwards the resistance is invincible.

The second sign is that there will be found *lateral movements that do not exist on any sound elbow.*

So that our young man is now in a state of complete irreductibility with the forearm in extension, and the question arises, what are we to do for him? This is an interesting matter and one that is now quite a question of the day with surgeons, and I wish to bring it to your attention to see if we can decide the best treatment.

First of all, ought we to do anything at all? This young man is in no danger to his life at least. His arm is stiff; that is, all movement is extremely difficult, but we know that a certain amount of movement will come back in time. Nature has great resources within herself, and in young subjects the joint is sometimes remade, as it were, in many parts of the body, but in this elbow joint it is most difficult, as long as the arm remains in its present position. In trying to decide such matters it is always well to see what the profession of the patient is. He is a student of holy orders, and will soon be a priest.

I have often told you that the indications vary in surgery according to the

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means of the patient. There is an amputation operation for the poor and one for the rich. This young man with his left arm stiff, might still be a clerk in a bank, using only his right arm, or he might be a rich man who does nothing, and they both might prefer to remain as they are. The inconvenience of a limited mobility in a left arm would not induce them to undergo a capital surgical operation. But this case is different. He tells us that he must be able to flex his arm, or give up the profession; therefore I believe we are authorized in making an operation here, so that he will not lose the benefit of his studies, and can go on with his chosen vocation. Well, gentlemen, what shall we do for him? Shall we try to reduce it by force, that is to say, make a violent movement of flexion of the forearm on the arm, at the risk of breaking everything, as is done by some in the case of ankylosis,—make as it were, a sort of manual osteoclasia?

No, because it is quite enough for me to call your attention to the (superior) extremity of the ulna, and the posterior surface of the humerus, where the two bones lie in contact, for you to see that we would only break the two bones one against the other, and tear the skin over the olecranon, and without the slightest chance of success. We must then make a surgical operation, and here we come to quite modern surgery. You know that there is a kind of resection that is called by some "orthopedic resection," and it has been put on the order of the day by the French Surgical Congress.

This operation, of which the indications are too numerous to mention today, has for its object to restore the member to its primitive form. It is a resection that is made on the bony skeleton, but not with the object of taking away a portion of it, as is the case with general resections, but with the object of straightening the member without taking away portions of the bones, but placing them in proper position. The honor of having been the first to make such operations belongs to an American surgeon, Rhea Barton.

It is true that such operations had been tried before him, but they were made for defective callus. So that for having made an osteotomy to straighten a healthy bone, it is to Barton that we are indebted. He made the first operation in 1826, on the articulation of the hip, with flexion of the femur. He made the section of the bone in healthy tissue, so that the member afterwards took its primitive direction. Ten years later, he applied this idea to the knee, and made the "cuneiform resection," a name that it holds to-day. He took off a corner of the bone, thus allowing the parts to retake their position.

Well, this is the best thing we can do for our young man. We will make him a resection so as to restore to his articulation all its movements, if we can, or at least, we will give the arm an attitude that will allow him more use of it.

This question is a very difficult one, and constitutes one of the problems of surgery. I have thought over it a great deal, and will try to convey to you my idea of it. Let us see what the state of affairs is as to his elbow. The beak of the coronoid process is behind the humerus, and the olecranon with the head of the radius have left the trochlea and are also behind the bone, so that the coronoid process lies on the posterior face of the trochlea, in place of being on its anterior portion.

Can we hope to reduce the luxation after we have opened the articulation? Perhaps. It is a hope that is always put forward, but we cannot and should not count upon it. MacCormac and others, with Polaillon, in France, have tried it, but without success, I must say. Even if we have the bones in sight, with the capsules off, it has failed, so that we most likely will have to make an "orthopedic resection." To do this we are not obliged to follow the lines we do in pathological cases, which are most often due to tubercular osteitis. The resection in those cases must take in two, or often three bones, the humerus, radius, and ulna. Here, however, we are working on healthy bone; we propose to put back in its place the coronoidean hook which has slipped behind; to get it in front again. We

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must make an incision, without doubt, but it can be done in two different ways: either by making a resection of the superior extremity of the coronoidean hook, just below it, when flexion can be made; or without touching the forearm, I can open the humeral trochlea, and take off the inferior portion of the humerus, up to the part that is above the trochlea. It seems to me to be the best plan to do this. as I have just said, because it may be useful to keep the coronoid process. Besides this the inferior portion of the humerus taken off, the coronoid process comes in contact with the rest of the humerus and we have a new articulation.

I have decided then to adopt the following operation: The young man having been chloroformed, after putting on an Esmarch's bandage, I will make a lateral incision on the internal portion, about the level of the epitrochlea. I will detach the muscles thereto attached, and at that moment I will push the ulnar nerve behind, so that I will not cut it. My incision, you see, is a little in front of this nerve, as the cut passes a little before the epitrochlea. I then continue, horizontally, to detach the soft parts in front and behind, and I may have to make a second incision at the external part, parallel to the first, in order to loosen the epicondylian muscles with a scraper (rugine), so that I can go on from before backwards. I will then make a slight movement of subluxation to throw the inferior extremity of the humerus out through the wound. If this succeeds I will then try to reduce without resection; if not, then I shall resect and hope to get a good adaptation. I will then put the arm in a flexed position so that if a new ankylosis is produced, he will have his arm bent at right angles, at least.

[Dr. Tillaux was not able to carry out his plan, as he found that there was commencing an osseous attachment which prevented the isolation of the inferior extremity of the humerus, so that he was forced to take off the ulnar hook, and the head of the radius. The operation was followed all the same, by a rapid recovery, and the patient recovered almost the entire use of the joint.]

ORIGINAL ARTICLES.

A YEAR'S WORK IN ABDOMINAL SURGERY.

BY E. E. MONTGOMERY, M.D.,

Professor of Gynecology in the Medico-Chirurgical College, and Obstetrician to the Philadelphia Hospital.

THE field of abdominal surgery has probably been more assiduously cultivated during the last decade than any other. Surprising developments have been made and much accomplished in alleviating some of the most distressing complaints to which mankind is heir. In enthusiastic study in any department there is the danger, however, through excessive zeal, of too widely extending its limits. It is from a desire to aid in determining the indications for and limitation of operative interference, in so far as my brief experience will aid thereto, that the following report of a year's work in abdominal surgery is presented:

I. *Ovarian Tumor; Ovariotomy; Recovery.*

Mrs. H., aged 38 years, entered the Medico-Chirurgical Hospital January 20, 1888, with an ovarian tumor of eleven years' duration. During that time she had been tapped twenty-seven times.

January 24, ovariotomy was done before the class. A large, multilocular cyst, containing some four gallons of fluid, was removed; a few parietal and omental adhesions were readily separated. A second cyst, the size of a man's head, projected from the pelvis. It was a ligamentous cyst, completely filling the pelvis, and was enucleated without being opened; it dipped down into the pelvis, and had no pedicle. Following its removal, there was considerable bleeding from the bottom of the cavity. The cavity was packed with sponges, and later was washed with dilute persulphate of iron. A drainage tube was used and the wound closed. The intra-abdominal pressure was increased by the dressing. The drainage tube was frequently emptied by passing down it an applicator wrapped with absorbent cotton, and was removed with the sutures at the end of one week.

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The highest temperature during convalescence was less than 102°. Later the convalescence was delayed by a prolonged diarrhœa, so that it was three months before she was able to leave the house. She has since attained to robust health.

II. *Prolapsed Ovaries; Retroverted Uterus; Abdominal Incision; Removal of one Ovary; Other and Uterus Stitched to Anterior Parietes; Recovery; No Improvement.*

Mrs. D., aged 28 years; of German extraction; mother of three children; no miscarriages. Five weeks before admission to the Philadelphia Hospital (January 13, 1888) had experienced severe pain in the lower abdomen after lifting a heavy table, which continued for some time and caused prolonged vomiting. She experienced great distress in locomotion and increased pain during coition. The ovaries were enlarged and resting in Douglas' cavity, with the retroverted uterus upon them. The uterus was readily replaced, but the prolapsed ovaries rendered her unable to wear any support. It was decided to open the abdomen, and fasten the uterus and ovaries to the anterior parietes.

February 17, assisted by Dr. Parrish and in the presence of the resident staff, I opened the abdomen, and finding the left ovary cystic, removed it and stitched the stump to the parietes. The right being normal, its pedicle was stitched forward. The second day after the operation she got out of bed, walked across the room and helped herself to water. A few days later an attack of bronchitis set in. The coughing from this separated the freshly united surfaces, and the uterus and remaining ovary were displaced. The result was, consequently, very unsatisfactory. The parts had been united by catgut sutures, the early absorption of which had, undoubtedly, added to the ease with which the surfaces had separated.

III. *Hydrosalpinx; Removal; Recovery.*

Nellie R., aged 26 years, entered the Philadelphia Hospital Feb. 8, 1888, suffering from pain and weight in the pelvis. A long cylindrical tumor was felt posterior to the uterus.

February 17th, Dr. Parish assisted me in its removal It was something larger than an orange and was brought out and removed without rupture. The highest subsequent temperature was 101°, and occurred after the removal of the sutures on the seventh day. She recovered very rapidly, but has since been under care for cellular inflammation upon the opposite side.

IV. *Pyo-nephrosis; Nephrectomy; Death a few hours later from shock.*

Mary J., aged 30 years, entered the institution about February 1st, complaining of severe pain in the right side. She was white, waxy looking, with a pulse of 120, and a temperature varying from normal to 102°. A tumor filled the right side of the abdomen, extending from the iliac fossa to beneath the ribs and transversely slightly beyond the median line. The tumor was dense, firm and but slightly sensitive. The growth extended backward into the lumbar region, and was not movable. The diagnosis was sarcoma of the kidney.

Feb. 17, 1888, assisted by Dr. J. William White, nephrectomy was done. The opening into the abdomen disclosed that the tumor contained fluid. The incision had been made into the right semilunaris, and the peritoneum torn through external to the colon. The tumor was cut into, permitting a quart of pus to escape. The kidney structure had been largely destroyed and a calculus nearly three inches long was situated in its pelvis. The tumor was enucleated until the vessels at the pelvis were approached, when there being from the size of the mass considerable traction upon them, it was concluded better to ligate a portion of the mass and cut the balance away. This, however, proved a mistake, for no sooner had the mass been removed then there was a gush of blood so strong as to demonstrate its source from the renal artery. The vessel was seized with hemostatic forceps and owing to the condition of the patient the abdomen hastily closed. She died two hours later. An autopsy, 24 hours later, showed that one side of the renal artery had been cut, and this had been seized by the forceps. The opposite kidney was also in a state of fatty degeneration.

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V. *Small Ovarian Tumor; Ovariotomy; Recovery.*

Mrs. C., aged 28 years, mother of one child, had undergone an operation for lacerated cervix in 1884, with much improvement in health for two years. Eighteen months ago a severe attack of vaginitis, urethritis and cystitis was followed by an extension of the inflammation to the cellular tissue of the left side. Under prompt treatment this soon subsided, but every exposure to cold or dampness was followed by a recurrence of the attack. An apple-sized mass could be felt on the left side which was very sensitive. Feb. 20, 1888, she underwent an operation at my private hospital, in which I was assisted by Drs. Warder and West. The left ovary formed the mass, and it, with the corresponding tube, was quite adherent. The tumor was filled with blood. The other ovary and tube were adherent, but as they seemed otherwise healthy they were permitted to remain after the adhesions were broken up. The patient promptly recovered. She has, however, experienced considerable discomfort in the remaining appendages, and is now under treatment.

VI. *Chronic Ovaritis; A Removal of the Appendages and One Breast.*

Mrs. P., aged 42 years, mother of two children, had undergone an operation for lacerated cervix some two months ago. For several months subsequently, her health was greatly improved. As she had suffered for thirteen years from pelvic pain, which was greatly exaggerated at the menstrual periods, and the uterus was retroverted and bound down, it was decided to remove the ovaries. When the operation was proposed, she spoke of a lump in the right breast, from which she had been troubled for some time. Although not believed to be malignant, it was thought better for her peace of mind that it should be removed.

March 7th, in my private hospital, assisted by Drs. Warder, Paist, and West, I proceeded to the removal of the ovaries. The wounds healed by first intention, excepting a stitch abscess in the abdominal, which continued to discharge for nearly ten days. The temperature did not exceed 100° until the eighth day, when it reached 101°, but soon after became normal. She left the hospital at the end of three weeks. Two weeks later, the remaining breast developed a lump which became quite painful. This, continuing to increase, was removed a couple of weeks later. This was found an abscess in one of the ducts. After convalescence, she was turned over to the care of her brother-in-law (an excellent physician) for further treatment. Four months later, I was called to see her and found her suffering from neurasthenia. At the request of her physician, she was placed under my care. A course of forced feeding was at once instituted, under which she rapidly regained her health, and is now in better condition than she has been for years.

VII. *Removal of Left Ovary and Tube.*

Miss D., aged 21 years, while a nurse in the Philadelphia Hospital, was hurt in restraining a violent patient, since which accident she has suffered from violent pain at the menstrual periods, attended with nausea, vomiting and hysterical symptoms. For a week before the advent of the menses, the left inguinal region was so sensitive that she could not endure the contact of her clothes. Upon continued exertion the pain and tenderness became so distressing as to lead to a depreciated condition of the nervous system and general health. Rest, electricity, dilation of the cervix, counter-irritation and general treatment were persistently pursued, but without avail. The left ovary and tube were removed at my private hospital, March 12, 1888. The vessels of the ovary were varicose. The right appendages being healthy were not disturbed. She recovered quickly from the operation, but the establishment of good health was slow. She was married a couple of months later, and has passed from observation.

VIII. *Exploratory Laparotomy; Cellulitis.*

Mary J., aged 29 years, married, has suffered from severe pain in the pelvis for some months. A mass is situated to the left of the uterus which is quite immovable. Hoping that the mass originated in a diseased ovary and tube, an exploratory incision was made March 15, 1888. The left side of the

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pelvis was found filled with a mass of exudation which completely enveloped the appendages so that they could not be enucleated. Her convalescence was attended by no unpleasant symptoms, the maximum temperature being 100.2°. She expressed herself as feeling very greatly relieved by the operation, but the relief was not, however, of long duration.

IX. Rebecca R., aged 24 years, married, had suffered for six months from severe pelvic pain; meanwhile menstruation had occurred every two weeks. The uterus was retroverted and both ovaries prolapsed and bound down with extensive adhesions. The ovaries were large and quite tender. March 15, 1888, Dr. Parvin assisted me in the removal of the appendages. They had to be peeled out of the encapsuling adhesions. The patient was greatly benefitted by the operation. The convalescence was unattended by a single unpleasant symptom. The maximum temperature was 99.2°. She left the hospital at the end of a month. Three months later, she came under observation with an attack of pelvic cellulitis, during which she suffered with frequent and prolonged hemorrhages. She is now in good health.

X. *Chronic Ovaritis; Oophorectomy.*

Mrs. E., aged 30 years, married, mother of two children, had suffered all her life from pain and nervous disturbance at her menstrual periods. During the last few years the trouble became so much exaggerated that she suffered continual pain in the back, and marked pain during coition. At times she had attacks of a hystero-epileptic character. In the menstrual intervals, she had agonizing pain in the left mammary gland, which was absent during the flow. A laceration of the cervix with eversion of the mucous membrane was operated upon in November, 1886, which was followed by a marked gain in appearance and a temporary improvement in general health. This was, however, but temporary. The ovaries were prolapsed, large and painful. The pain in the breast became exaggerated, and was felt in the right as well as in the left. General and local treatment, with electricity, were tried, without avail. March 24th, 1888, assisted by Drs. Warder and West, I removed the appendages. Both ovaries were adherent and greatly enlarged, the left the size of an apple. Her convalescence was slow. She left the private hospital for her home at the end of five weeks, and almost immediately afterward had an attack of acute nephritis. The result of the operation was for several months quite unsatisfactory. Pain remained and menses continued. She still continues to have a regular bloody discharge, but her appearance and general health have greatly improved. She is now free of pain and weighs as much as she ever did in her life.

XI. *Chronic Ovaritis; Oophorectomy.*

Mrs. F., aged 35 years, native of England, never pregnant, had suffered from uterine hemorrhage for a number of years. Uterus was but little enlarged, os contracted, the canal bled easily and was very sensitive. Ovaries enlarged and tender. Under galvanism, the hemorrhage ceased for a short time. She entered my private hospital, April 6, 1888, and had her appendages removed. Both ovaries were cystic. The convalescence presented no unpleasant symptoms, the maximum temperature was 99.8° on the third day. She returned to her home at the end of three weeks. She has since had several attacks of hemorrhage, not so severe as before, and some pain. For the last three months she has enjoyed better health than for years.

XII. *Double Ovarian Tumor; Ovariotomy.*

Mrs. S., aged 28 years, seen with Dr. Blair, was twice married, but never pregnant, had noticed the growth of a tumor for two years. When she came under observation it had begun to press upon the diaphragm. Assisted by Drs. Blair and West I did ovariotomy, May 2, 1888, at the house of the patient. The second ovary being quite large was also removed. Convalescence was prolonged by a malarial complication.

XIII. *Pyo-Salpinx; Removal.*

Mrs. C., aged 40 years, mother of one child, was sent to my private hospital by Dr. John Sibbald, of Fox Chase. She had had an attack of pelvic inflammation on the right side. The mass

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was the size of an orange. May 9, 1888, Drs. Ward, Sibbald and West assisted me in its removal. It was closely adherent to the bowel, and, in tearing the latter off, considerable quantity of pus discharged into the abdomen. The bowel was nearly perforated. The subsequent convalescence was prompt. She returned home at the end of three weeks. The ride, however, was too much for her, as two days later she was taken down with severe pain in the right side and a quite high temperature, which subsided in a few days. She has since suffered from pain in the same region, evidently due to the presence of intestinal adhesions.

XIV. *Hydrosalpinx; Removal.*

Mrs. M., aged 32 years, was once pregnant, in which she miscarried. To the latter she attributed her subsequent ill-health. She had a tumor upon the right side of the pelvis. May 14, 1888, at my private hospital, assisted by Drs. C. B. Warder and West, the sac was removed. Maximum temperature was 101.1° the evening after the operation. Convalescence was rapid and she returned home in three weeks. She subsequently suffered severe pain in the right side and leg with some uterine catarrh. All the distressing symptoms were relieved by local treatment.

XV. Miss N., aged 26 years, grass-widow, never pregnant, suffered severe pelvic pain over each ovarian region. The ovaries were not enlarged, but the ovarian dysmenorrhœa and hysteria led to the decision for the operation of removal of the appendages. May 18, 1888, the operation was done before the class at the Medico-Chirurgical College. Ovaries were soft and gelatinous. One was so friable that it pulled off before the ligature could be applied. The operation was preceded by one for lacerated cervix. She recovered fairly well, but was exceedingly difficult to manage. I have been told that she still suffers great pain, and has derived but little benefit from the operation.

XVI. *Chronic Ovaritis; Oophorectomy.*

Mrs. D., aged 26 years, had two children and one miscarriage. Menstruation was not regular until after the miscarriage. Ovaries were enlarged, prolapsed, and extremely tender. After a year of treatment she was advised to have her appendages removed.

May 19, 1888, at my private hospital, the operation was done with the assistance of Drs. Warder and West. Convalescence was rapid; maximum temperature 100°. She returned home at the end of four weeks. While her general symptoms have been much relieved, she has not been entirely cured. Local treatment has since been made for uterine catarrh.

XVII. *Carcinoma of Cæcum; Exploratory Incision; Death.*

Mr. ——, aged 45 years, entered the service of Prof. Goodman at the Medico-Chirurgical College suffering from a large growth extending from the right inguinal region to above the umbilicus and beyond the middle line. May 28, 1888, at the request and with the assistance of Prof. Goodman, an incision was made through the right semilunaries and the tumor reached external to the peritoneum. In examining it, it was torn into and the character of the contents escaping showed it to be a growth involving the cæcum. The finger could be passed through it to the ilium. The large size of the growth led us to doubt the wisdom of an effort at resection. The wound was closed over a drainage tube. The man died three days later from exhaustion.

XVIII. *Prolapse of the Ovaries; Retroversio Uteri; Chronic Metritis; Oophorectomy.*

Mrs. C., age 38 years, was brought to the clinic of Medico-Chirurgical College by Dr. Stever, of Huntingdon County. The patient was the mother of eight children; the youngest was thirteen months old. For over a year she had suffered continuous pain in the back and pelvis so severe that she had to resort to anodynes, and at the time of coming under my care was taking morphiæ, gr. ii, daily. The uterus was twice its normal size, retroverted, and resting upon the tender prolapsed ovaries. June 7, 1888, in the presence of the class the operation of removal of the appendages was done. Afterwards, she was given but one dose of morphia, and that in the evening after operation. Convalescence was slow. A small abscess formed in

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the lower angle of the wound and continued to discharge for some weeks. The uterus was stitched with catgut to the abdominal parieties before closing the wound, and still retained its place when she left the hospital at the end of three weeks. The retroversion subsequently returned and she is now suffering from neurasthenia.

XIX. *Adhesions; Exploratory Incision.*

Mrs. P., aged 26 years, entered the Medico-Chirurgical Hospital June 15, 1888, suffering from severe pain in the pelvis. She had had a number of hystero-epileptic attacks, was very much depressed, and it was quite difficult to elicit the history of her former condition. She mentioned having had an operation for the removal of a tumor. As she continued to complain of the intensity of her sufferings, the abdomen was opened in the line of the former cicatrix. The right ovary had been removed and there were extensive adhesions binding down the left. These were partially broken up, and the wound closed. She made a rapid recovery, and the improvement after the operation was marked both mentally and physically, and subsequent reports have shown this to have been continuous.

XX. *Hæmato-salpinx; Operation; Death.*

Mrs. M., aged 40 years, was seen with Dr. Chase; she had been suffering from a threatened attack of peritonitis from exposure some weeks previous. She presented a history of recurring attacks of bloody discharge from the vagina at irregular intervals. This discharge was very dark and quite offensive. The abdomen was distended and upon the left side could be felt a spherical tumor extending to the umbilicus; marked crepitation, as if from extensive adhesions, was noticed. The patient had daily elevations of temperature, recurring chills and profuse night sweats; the pulse was weak and compressible. September 4, 1888, assisted by Drs. Chase and West, and Messrs. Croskey and Maier, the abdomen was opened and a cyst filled with half a gallon of broken-down blood was emptied. The sac dipped down into the pelvis, and had such extensive vascular adhesions that its removal was not deemed wise. A drainage tube was introduced, and the sac shut off from the peritoneal cavity by sutures. The patient did well for twenty-four hours, when symptoms of septicæmia set in and she died on the third day. At the autopsy, the sac was found to dip down into the broad ligament against the uterus. Beneath this sac a pus cavity was found containing a teacupful of pus. It was regretted that the cyst had not been drained by a rubber drainage tube into the vagina, and the peritoneal cavity shut off by suturing the sac with the continuous suture.

XXI. *Epithelioma of the Cervix; Vaginal Hysterectomy.*

Mrs. McC., aged 40 years, mother of two children, was seen with Dr. Nock. She had been suffering from hemorrhages, pain, and a wasting discharge for some months. Competent microscopists had pronounced the disease malignant. The uterus was freely movable and the disease confined to that organ.

October 4, 1888, assisted by Drs. Nock, West, and Rively, and Messrs. Croskey and Maier, I removed the uterus. The patient was placed upon her back, the vulva separated by retractors and a suture passed through the uterus. The vaginal membrane was separated by the finger from the cervix, by the knife, and the tissues pushed off before and behind until the peritoneum was reached; the latter opened posteriorly, and a large sponge inserted by which the intestines were pushed out of the way and the peritoneal cavity protected. The anterior surface was then opened and torn off to the broad ligament on either side. The broad ligaments were seized with clamp forceps upon either side, and the uterus cut away. The forceps were found to spring to one side, allowing portions of the tissue to slip from their grasp. Some bleeding vessels were grasped by hemostatic forceps, so that in all, eight forceps hung from the vagina when she was placed in bed. The vagina between the forceps was lightly packed with iodoform gauze. No sutures were used, and no drainage beyond the instruments hanging from the vagina. The small forceps were

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removed at the end of thirty hours; the larger were allowed to remain sixty. The patient experienced some distress from flatus, beyond which there was no unpleasant symptoms during convalescence. The maximum temperature was 100°.

XXII. *Fibroma Uteri*; *Dangerous Hemorrhages; Supra-vaginal Hysterectomy.*

Mrs. Q., aged 30 years, seen with Dr. Strittmatter, was never pregnant, had suffered for several years from a uterine fibroid, extending nearly to the umbilicus, which had been the cause of frequent hemorrhages, so severe as to endanger her life. Oct. 6, 1888, assisted by Drs. Strittmatter, West and Moylan, proceeded to operate. The patient was in the private hospital of Dr. Strittmatter. An incision was made from midway between the umbilicus and xiphoid appendix to the symphysis. The tumor was raised up, the ovary upon the right side removed, while that upon the left side was so adherent that it was not disturbed. The neck of the uterus was surrounded by a rubber ligature and the large mass removed by flaps. These flaps were then brought together by sutures, deep and superficial, with a view of treating the stump intraperitoneally; but the removal of the rubber ligature was followed by such free bleeding, that the Tait clamp was applied and the wound closed. The patient had a temperature in the evening of 104°, which was doubtless due to the absorption of iodoform. The dressing was removed, carbolized gauze substituted, and the temperature the following day was 100°, The convalescence was slow but uninterrupted and the recovery complete.

XXIII. *Ovarian Tumor; Ovariotomy.*

Miss B., aged 26 years. Oct. 9, 1888, was brought to the Clinic of the Medico Chirurgical College, by Dr. Allen, of Berwyn, with an ovarian tumor so large that she presented the appearance of a woman at full term. The tumor was a large monocyst involving the right ovary and was without adhesions. The left ovary was the size of an orange and was also removed. Convalescence was rapid and the patient returned home at the end of three weeks.

XXIV. *Small Ovarian Tumors (Rokitansky's); Ovariotomy.*

Miss O'N., aged 30 years, had been an inmate of the Medico-Chirurgical Hospital for a number of months' suffering from severe pain in each ovarian region, greatly exaggerated prior to her menstrual periods. She also had pain and hepatization over the base of one lung. Both ovaries were enlarged.

Oct. 30, 1888, the appendages were removed in the presence of the class. Both organs were cystic and the size of a small orange. She was able to leave her bed at the end of twelve days, and was at once relieved of the distressing pain from which she had so long suffered. The improvement in her generally has been very marked and she is now in better condition than she has been for years.

XXV. *Ovarian Tumor; Double Ovariotomy.*

Miss H., aged 40 years, entered my private hospital and underwent an ovariotomy, Nov. 24, 1888. The tumor was a large monocyst without adhesions. The opposite ovary was also cystic and was removed. The subsequent progress was normal and she left the hospital at the end of four weeks well.

XXVI. *Double Pyo-salpinx; Peritonitis; Removal of Appendages.*

Miss M., aged 24 years, was brought before the Medico-Chirurgical College Clinic, Dec. 11, 1888, with a history of gonorrhœa, pregnancy, and later, severe pain in pelvis. This condition for a short time before her admission had been much more distressing, incapacitating her for any duties. The abdomen was tender upon pressure and two slightly doughy masses could be felt upon either side of the uterus. Assisted by two students, an operation was performed. The masses were torn off from the adherent omentum and intestines, their pedicles ligated without the rupture of the sacs, however, and the escape of the pus to the abdominal cavity. The abdomon was thoroughly washed out, sutures inserted, drainage tube introduced, and the wound closed. Drainage was removed on the fourth day. She expressed herself as relieved at once of the distressing symptoms she had before experienced.

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XXVII. *Chronic Ovaritis; Oophorectomy.*

Miss B., aged 27 years, was brought to the clinic through the kindness of Dr. Bradley, of Norristown. She had complained more or less for years, and had also a large amount of bladder distress. Calculi have been removed from the bladder, though nothing of the kind can be determined at present. Her menstruation had been irregular for years. The appendages were removed Dec. 18, 1888. She recovered from the wound very nicely, but there was a redevelopment of her old cystitis from which she is still (Feb. 15th) suffering.

The operations described above were done as follows:

Medico-Chirurg'l Hosp.,	9	cases with	one death
Philadelphia Hospital,	5	" "	"
Private Hospital,	10	"	
Home of Patient,	3	" with	one death
Total,	27	" with	3 deaths.

Mortality of 11.11 per cent.

Statement of operations and conditions for which they were performed:

Oophorectomy:

Prolapsed Ovary	2	cases
Hydro-salpinx	2	"
Chronic Ovaritis	7	"
Varicose Ovary	1	"
Pyo-salpinx	2	"
	14	

Ovariotomy:

Single	1	"
Double	5	"
	6	

Exploratory Incision:

Cellulitis	1	"
Sarcoma of Cæcum	1	"
Intestinal Adhesions	1	"
	3-1	death.
Nephrectomy—Pyo-nephrosis	1-1	"
Incision and Drainage—Hæmato-salpinx	1-1	"
Supra-vaginal Hysterectomy—Myo-fibroma	1	"
Vaginal Hysterectomy—Epithelioma cervix	1	"
Total	27-3	"

CLINICAL OPERATIONS.

Fifteen operations were done before spectators varying in number from twenty to one hundred and fifty. Two of these patients (IV and XVII) died, but their death could in no sense, be attributed to the presence of a class. As the operations performed before a general class and in a crowded room comprised cases of large ovarian tumor, of pyo-salpinx with extensive adhesions, with rupture of pus sacs into the cavity; and which still ran a course with but slight elevation of temperature, with union of wounds by first intention, it seems to us no longer necessary, in the interest of the patient, that the clinical classes should be deprived of the knowledge and experience to be gained by witnessing them.

ANTISEPSIS.

The aim has been to practice asepsis rather than any special form of antisepsis. In some the instruments were placed in a weak solution of carbolic acid; in others, in simple hot water. In all, instruments, hands, and abdominal surface, had been carefully cleansed with soap and hot water.

The wound dressing in some of the earlier cases was lint soaked in glycerole of carbolic acid (1 to 12); but as the removal of the sutures was frequently followed by suppuration in one or more suture tracks, it was discontinued. In later cases, the wound was dusted with iodoform and covered with iodoform gauze. With this form of dressing suppuration is an exceedingly rare occurrence.

INCISION.

The incision was made with scalpel until the aponeurosis was opened, and then with probe-pointed scissors bent at an angle on side. No great effort was made to strike the linea alba in undistended abdomens. Upon reaching the transversalis fascia a small opening is torn through to the peritoneum, the latter picked up and rolled between the fingers to exclude the bowel, and opened sufficiently to permit the introduction of the finger as a guide, upon which the peritoneum and fascia are opened the length of the wound.

OOPHORECTOMY.

This term has been used in the more extended sense of removal of uterine appendages. It consisted in the removal of but one appendage in each of four cases. In two of these the result has been unsatisfactory. In the other two, discomfort was felt for an unusually long period after the operation.

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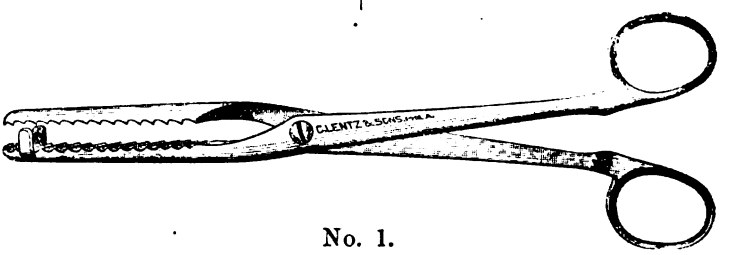
The removal of the appendages is, in some cases, an exceedingly disappointing operation in the slowness with which the distressing symptoms disappear. This is more particularly true of some of the reflex phenomena.

The operation, even when comprising the removal of both tubes and ovaries, does not always, at once, bring about a cessation of the menstrual flow. Three patients (IX, X, and XI). have had bloody discharges repeatedly since the operation; in two amounting, at times, to hemorrhage; in the other the flow has continued with considerable regularity for a year.

Vaginal Hysterectomy:—The operation of removal of the uterus through the vagina is greatly expedited by the use of the clamp in place of the ligature. To obviate the springing sideways of the forceps, as in XXIII have had a tab or ear attached to one blade into which the other shuts. The second diagram represents a modification of Gregg Smith's clamp, which has proven very serviceable in a recent case. By the use of a set of them, I was able to complete an operation of unusual difficulty in thirty minutes. In ordinary cases the operation could easily be completed in fifteen minutes.



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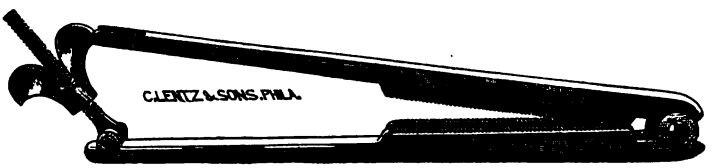

No. 2.

ABOUT PEPSIN.

By Frank Woodbury, A.M., M.D.

PEPSIN PROGRESS.

THE present age takes pride in being skeptical, or to use a more fashionable term, agnostic; and this attitude, so universal, is even directed by many toward the pretentions of remedies applied to the cure of disease. The mind-cure, the faith-cure, spiritual medium and homœopathy, all conspire to weaken public confidence in the value of drugs; indeed, physicians themselves, many of whom are advocates of the expectant treatment, sometimes openly express doubts upon the positive achievements of therapeutics.

That such unbelief may have been justified by the crude and now exploded therapeutic theories of the past, we freely admit; to those, however, who have observed some of the achievements of modern medicine, who have seen disputed theories proven true by accumulated experience, who have watched the growing tendency to painstaking and exhaustive research manifested by some of those engaged in the manufacture of therapeutic agents, to such we say, distrust has given place to confidence, and to a feeling that an era is dawning in which certainties in therapeutics will be as demonstrable as in any other department of medical science, and a knowledge of the physiological and remedial action of drugs will be as exact as that in other fields of biological investigation.

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For this improved knowledge we are not alone indebted to the indefatigable labors of members of the medical profession, but also to the research, enterprise and practical skill of the pharmacist. A signal illustration of this fact exists in recent improvements made in the quality, solubility and digestive activity of pepsin.

The conditions of modern life, especially in America, have produced in our large cities, at least, many individuals with enfeebled digestive power, so that dyspepsia has by some been regarded as the national disease. Certainly digestive aids, tonics and stimulants of ever increasing variety appear to be in great demand. Many of these, however, are uncertain in their action, and in the light of recent research have been proven to be inefficient; but it is a matter for congratulation that the gastric ferment pepsin has now been so improved, and its digestive activity so increased, as to make this form of medication far more satisfactory and certain than ever before, in order to meet some of the new uses to which it has been applied (for instance, dissolving blood clot in the bladder, or false membranes in the throat in croup and diphtheria, etc.).

The pepsins formerly in the market were open to many objections. The soluble scale pepsins contain a large amount of peptones, and on this account are exceedingy hygroscopic. If carelessly made their rapid absorption of water induces decomposition, and they soon lose in digestive power. The insoluble scale pepsins contain a large percentage of mucus and when dried are difficult to dissolve, and very liable to decompose. These facts account for the unsatisfactory results and disagreeable odor noticed in many commercial pepsins, which have led some to abandon the use of insoluble scale pepsins entirely. The decomposition of such a delicately organized ferment implies deterioration in peptic value, while the products of decomposition are to say the least undesirable and unwelcome.

The precipitated pepsins containing a decided proportion of sodium chloride, it is claimed are superior to the foregoing in that they retain longer their digestive power, owing to the preservative action of salt, though they are not readily soluble.

Our readers will remember in the early history of their employment of digestive ferments, the disagreeable smelling pepsin compound which was introduced in this country from France. In addition to its unpleasant odor this product was of variable digestive activity. The process employed in its manufacture was precipitation with acetate of lead, and the result was a product impure and of feeble digestive power.

In 1872, Scheffer, of Louisville, described in the *American Journal of Pharmacy* a new process for the precipitation of pepsin by chloride of sodium. This was a great step forward, and as a result various improved preparations appeared, although these also were more or less insoluble.

It became obvious that an ideal product would result if a method for excluding both mucus and peptones could be devised, and recent investigators have had this object continually before them. The highest quality pepsin that has been attained heretofore is that of a power enabling one grain of pepsin to digest 1,200 grains of albumen. The pepsin accomplishing this result, however, although a great improvement therapeutically over the former varieties, was open to the charge of possessing a highly unsavory odor. Whether this odor indicated putrefaction, with the presence of bacteria and the formation of noxious alkaloids, is a question which recent reports of the formation of toxic alkaloids, ptomaines and leucomaines would seem to answer in the affirmative. (See recently published work on Ptomaines and Leucomaines, or the Putrefactive and Physiological Alkaloids, by Victor C. Vaughan, Ph.D., M.D., and Frederick G. Novy, M.S.)

Among American pharmacists, Messrs. Parke, Davis & Co., it is generally known, have been investigating with painstaking fidelity for over eight years the subject of pepsin products, and they have recently brought to our notice, at the last meeting of the Penna. State Medical Society, a pepsin which in digestive power exceeds any which has previously appeared. A brief description of this

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pepsin (which for convenience in prescribing is made in three forms: pepsinum purum, in lamellis; pepsinum purum pulvis or pepsinum purum in lamellis in powdered form and concentrated glycerole of pepsin), may not be uninteresting. Pepsinum purum in lamellis is freely soluble, practically free from peptones, less hygroscopic than other scale pepsins heretofore produced and possesses at least twice the strength or digestive value of any pepsin previously at the command of the physician. Pepsinum purum pulvis is merely a convenient form for dispensing pepsinum purum in lamellis. The glycerole of pepsin, representing the ferment in a concentrated solution, is especially adapted to meet the requirement of dispensers and for the preparation of wines, elixirs and other liquid forms of pepsin. It is twice the strength of the official saccharated pepsin and forty-eight times that of the liquor pepsini (U.S.P.).

The house by which these investigations have been carried to a successful conclusion is certainly deserving of credit for its patient pursuit of the interests of science. Such research as this is quite in accord with the character of other work these investigators have done in determining the value of some indigenous drugs.

We trust that physicians will soon see the day when the skill of the pharmacists shall have so improved existing remedies, and so added to the resources of our present materia medica as to divest the practice of medicine of much of its present uncertainties, and thus make it approach more nearly the condition of an exact science.

NUTMEG POISONING.

BY WILLIAM F. WAUGH, M.D.

POISONING from nutmegs or from their volatile oil probably occurs more frequently than is thought, as the drug is credited by many women with abortifacient properties. We do not, however, recollect having seen any report of cases in print. In the last edition of the U. S. Dispensatory we find that nutmeg is credited with considerable narcotic power. Dangerous if not fatal consequences are said to have followed its use in India; while in the *American Journal of Pharmacy*, 1885, one and one-half nutmegs are stated to have caused in a woman, stupor, followed by excitement, with evidences of collapse. Dr. H. C. Wood concluded from his experiments upon the lower animals that the oil of nutmeg is a powerful narcotic, with very much less sedative influence upon the heart than is possessed by most volatile oils. In the dog, he found that it caused profound sleep, with slowed respiration and, in large doses, abolition of reflex activity.

In medicine, it is used simply as a corrigent and flavoring agent. In this city there is a formula in common use, for summer diarrhœa, consisting of nutmeg, mercury with chalk and bismuth. This originated with Dr. R. A. F. Penrose.

The patient whose case is herewith detailed is a married woman, aged about 20 years. She is not pregnant, nor did she suppose herself to be so, as menstruation had occurred less than two weeks previously. Her health is good, with the exception of dyspepsia, due to constipation. For this, a neighbor advised her to take nutmeg. She nibbled a little, and liking the flavor, continued to do so until she had eaten five medium sized nutmegs. This was on December 13, 1888, during the forenoon. No unpleasant sensations were experienced until 8.30 P. M., of the same day, when she became nauseated, giddy and had a chill, accompanied by vomiting, headache at the vertex, dryness of mouth and throat and a sore, strained sensation in the eyes. Her sight was somewhat affected, as she complained that everything appeared misty. When the chill passed off, slight fever and sweating followed with intense, throbbing headache. There was at no time any disposition to sleep; in fact, the patient did not sleep at all for several days.

I saw her about 12 o'clock the same night. The pupils were unaffected; the pulse full and regular. She complained of beating headache and of the absolute inability to sleep; but the nausea had subsided. The next day she was able to partake of light food, but the headache continued, and it was a week

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before all the symptoms had disappeared. There was not at any time evidence of danger to the circulation or respiration; the latter being unaffected. Not one of the symptoms mentioned in the *American Journal of Pharmacy*, viz., stupor, excitement and collapse, was manifested; nor was there the least evidence of the powerful narcotic effect found by Dr. Wood. I examined some of the nutmegs from the same parcel as those which had been eaten, and found them of fair appearance, with full flavor.

In speaking of this case I have been frequently met with significant expressions, indicating the belief that nutmegs are taken to cause abortion; but I have not been able to find any case in which this has really been done, and am inclined to think this a gratuitous assumption.

TRANSLATIONS.

THE INFLUENCE OF THE AGE OF THE HUSBAND ON THE VITALITY OF INFANTS.

It is an incontestible fact that we possess very few reliable statistics of the phenomena of heredity, as well as upon the influence of the parents' age upon the health and constitution of children.

At the Session of the Congress of Hygiene, held at Vienna two years ago, it was deemed necessary to call particular attention of physicians of hospitals and institutions to the question of heredity.

M. Körösi, Director of the Bureau of Statistics of the city of Budapest, has commenced in the Hungarian Academy of Sciences a series of conferences upon fecundity and heredity, based upon a new method of research which he had practised many years in subjects of this kind.

His first discourse considered the influence exercised by the age of the parents upon the vitality of infants and upon the development of tubercle. These researches furnish also a statistical answer to the question at what age one should marry; or, given the age of the woman, what should the man's age be? The principal results obtained by these researches are contained in the following points:

Under 20 years for the woman and under 24 for the man is not the most favorable age for the procreation of children. Marriages formed under these conditions furnish less favorable results, and the constitution of the children is more frequently feeble, than in a more advanced age. Also, the mortality of the children is greater and they are more liable to tubercular diseases. Children begotten by fathers between the ages of 25 and 40 years are the most robust; this is also true of those born of mothers between the ages of 20 and 30 years. In observing the influence of the ages of both parents, he forms the conclusion that the conditions of life are more favorable where the husband is older than the wife. The custom of all civilized nations has been to recognize this fact, though unconsciously. It has been rather social conditions and the necessities of the military service which have combined to hasten the time of marriage.

Then comes in the question as to what age one party should bear in respect to the other. The observations made in Hungary furnish us with light upon the subject as follows:

A woman under thirty would have healthier children by a man a little older; but in a woman from 30 to 33, procreation would be more favorable in marriage with a man from 20 to 30, years, than with a man from 40 to 50. A man aged from 30 to 40 years should rather choose a wife who was only 20 to 30 years old; if the woman was 30 to 35 the vitality of children would suffer. A man from 40 to 50 should marry a very young woman if he wishes healthy children. A curious fact is stated; that the children of men past the age of 55 are stronger than those whose fathers are between 40 and 50 years.

At the end of the first conference M. Körösi intends to make known teh

(NOTE.—M. Körösi does not wish to enter into an explanation of this last statement, as he doubts the truth of the conclusion, as the number of fathers of that age must be small, and thinks that observations in other places may show a negative result.)

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result of his researches upon the following questions:

1. Upon the sex of infants, notably upon the value of the principle enunciated by Hofacker-Sadler: viz., that where the father is the elder, more male children are born, and where the mother is older the female children are in greatest number.

2. Research upon the fecundity of marriage.

3. Influence of the parents' profession upon fecundity, and researches upon the influence which it exercises upon the sex of the child.

4. Influence of heredity upon the cause of death.

GREEN COFFEE IN AFFECTIONS OF THE LIVER—HEPATIC COLIC AND DIABETES.

A physician of Barbaste, Dr. Landarrabilco, published in the *Montpellier Médicale* a paper upon green coffee; of which we give an abstract.

Since 1888 his attention has been directed to the therapeutic effect of green coffee upon gout, gravel, nephritic colic, and migraine. Since that time he has used green coffee frequently, and with enough success to cause him to make known the result of his practice. The coffee employed was a mixture composed of

Martinique.....1 half
Mocha.....1 quarter.
Bourbon .....1 quarter.

The coffee is mixed as well as possible and divided into powders of 25 grammes each. This powder is placed at night in a glass of water, covered and left to macerate for twelve hours or more. In the morning the liquid is strained and the patient drinks it a little warm without sugar. He can eat a short time afterwards.—*Rev. de Thèr.*

OVARIOTOMY PERFORMED TWICE UPON THE SAME PATIENT.

Dr. Jantzer, of Geneva, in a valuable article on the above subject, forms the following conclusions:

1. One should not perform an ovariotomy without examining carefully the ovary left in the abdominal cavity.

2. If the second ovary is but slightly diseased, the surgeon should treat it according to the methods of Spencer Wells or Schröder, so as not to destroy the phenomena of ovulation in the patient.

3. The development of a tumor upon the ovary left after a laparotomy takes place in the majority of cases in the first five years.

4. It is important that after a first ovariotomy the surgeon should know the ultimate state of his patient, so as to know:

(*a.*) In the case where the second ovary was known to be healthy at the time of the first interference, whether it retained its integrity.

(*b.*) If found diseased and treated by the above-mentioned methods, if it was cured.

5. Ovariotomy performed the second time is more difficult, even for an experienced surgeon.

6. It does not offer, however, more dangers than the first, probably less.

7. The incision should always be made opposite the side of the first cyst, except under special indications.

—*Archives de Tocologie.*

UPON THE THERAPEUTICS OF CHOLERA, APROPOS OF THE EXPERIMENTS MADE BY M. LŒWENTHAL.

M. Cornil reports the experiments made by M. Lœwenthal with salol. In order to obtain the conclusion, it is necessary to give cholera to animals in a manner as simple and as sure as we possess for the transmission of charbon, for instance, or tuberculosis, or we do not have the preliminary condition necessary, and that is why the results have not and cannot have the demonstrative force wished for. In spite of this, the result of the last experiments of M. Lœwenthal is of a nature to furnish another indication for the use of salol in cholera in man; and it is this trial alone which will show us finally whether the action of salol, certain in the experiment, probable in animals, will be confirmed or not in man.

—*La France Médicale.*

NATURE AND PROPHYLAXIS OF BRONCHO-PNEUMONIA OF RUBEOLA.

It is a current idea in pathology that rubeola has a great tendency to complication with broncho-pneumonia. On this subject, M. Bord denies that rubeola is the direct cause of the pneumo-

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nia. He admits rather that the rubeola forms a greater receptivity for the inflammation, but denies its power to produce it without the intervention of an additional element, or rather a secondary infection. Such being the case, he deprecates placing cases of simple rubeola in the same ward with those suffering with broncho-pneumonia, and instances a case which infected all the children in the ward where it was placed. From which he concludes that, in hospital practice, the cases should always be separated. —*Lyon Médical.*

A DANGEROUS MIXTURE.

Morphine forms with preparations of hydrocyanic acid an insoluble cyanide, which, if allowed to settle in the vessel, may be taken with the last dose, in toxic quantities. The addition of a few drops of hydrochloric acid prevents the formation of this cyanide.

—*L'Année Méd de Caen.*

HOSPITAL NOTES.

MEDICO-CHIRURGICAL COLLEGE.

FOR WHOOPING COUGH.

℞ Mucilaginis acaciæ,
Syrupi tolutani.....āā ℥j ss
Extracti belladonnæ.....gr. ij M.

For boy of five years, ℥j t. d. till physiological effects are shown. —*Atkinson.*

NEURALGIA.

WOODBURY considers this pill: zinci phosphidi gr. $\frac{1}{10}$, ext. nucis vomicæ gr. $\frac{1}{4}$, frequently of great value in this troublesome affection.

BALANITIS.

Retract the prepuce, touch the parts with arg. nit. grain x to ℥j, then dust with a powder composed of equal parts of calomel and subnitrate of bismuth.

—*Goodman.*

ERYSIPELAS OF EYELIDS.

For erysipelas in this region, KEYSER gets good results from the application of iodine and collodion.

For eczema of the same parts, he dusts with a mixture of oxide of zinc and starch or carbonate of lead, equal parts.

GALVANISM FOR SCARS.

A weak galvanic current will often greatly improve the looks of the unsightly scars caused by the breaking down and suppurating of lymphatic and other glands. —*Shoemaker.*

ARTICULAR RHEUMATISM.

The patient had previously had two light attacks of this malady, similar to the present one, and Waugh considered that the mildness of the attacks was probably due to the fact that the patient ate little meat. In these subacute cases Waugh says the salicylates are not so good; the iodides are better.

A propos, he remarked that in two cases of articular rheumatism he had known endocarditis to appear two days before the joint disease was manifested.

PEMPHIGUS.

This is really a dangerous disease and ought to be recognized early, as the inflamed area left by the departed bullæ affect the patient just as if so much of the skin had been burnt. The system is generally much run-down and the patient nervous.

℞ Acidi arseniosi.....gr j
Terebinthinæ (Venice)...gr. v
Ferri pyrophosphatis....gr. x M.

Ft. pilulæ in no. xx, Sig.—One t. d.

—*Shoemaker.*

TIBIAL ABSCESS.

GOODMAN opened an abscess in the tibia, probably of tubercular origin, boring through the bone by means of the surgical engine. This abscess was at the lower third of the tibia. Thirteen years ago Goodman had trephined the upper third of the bone for a similar abscess, the patient up to the time of the present trouble having been comparatively well.

DIFFERENT KINDS OF COLDS.

Some women when they catch cold will have a running from the nasal mucous membrane; others will have the same phenomenon from the vaginal mucous membrane. The wearing of warm flannel drawers is generally the best medicine for leucorrhœa due to this cause. —*Woodbury.*

VENEREAL WARTS.

GOODMAN finds that painting venereal warts with collodion will often cause them to dry up and disappear.

BOUGIEING THE RECTUM.

The finger is the best bougie for a stricture in the rectum, provided you

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can reach the stricture; if not, an ordinary tallow candle is the next best.

—*McConnell.*

RESECTION OF THE THIRD DIVISION OF THE FIFTH.

GARRETSON again performed at his clinic, for the third time this school year, this difficult and delicate operation. The main difficulty lies in the fact that he divides the nerve just as it emerges from the brain case at the foramen ovale. He first made a trap door flap with the lower part of the incision on a level with the lobe of the ear and transversely across the ramus of the jaw. After dissecting up this flap, he next saws off the coronoid process of the inferior maxilla, and then cuts from this process the attachment of the temporal muscle. He now finds the inferior maxillary nerve in the zygomatic fossa, often a difficult matter, and after following it to the foramen ovale cuts it off at that point. It is needless to say that neuralgias never return in the nerve after this treatment.

INFIRMARY FOR NERVOUS DISEASES.

LOCOMOTOR ATAXY TREATED BY SUSPENSION.

S. WEIR MITCHELL brought before a post-graduate class a man aged 40 years, who gave the history of a hard chancre, followed by specific infection in 1869. His trouble in walking commenced in 1874, when he had lightning pains, loss of sexual power, diplopia, the girdle sensation, and all the evidences of well-marked ataxic disease. He had been addicted to excessive venery from an early age. When brought before the class he was unable to stand without support; his patellar tendon reflex was absent on both sides, though the "muscle jerk" was excessive all over his body. His gait was peculiar, as while typically ataxic, the toes instead of the heels were first placed on the ground. Weir Mitchell drew attention to an interesting phenomenon, the presence of "associated movements." When the patient's right hand was closed and suddenly opened, the left hand went through a series of movements of a similar character to the right hand, and *vice versa*. The patient had been taking the perchloride of mercury for some months without much benefit. Weir Mitchell now proposed to try the treatment by suspension recently introduced into the Paris hospitals by Charcot, and highly spoken of as a valuable curative agent. The patient was to be raised from the floor by means of bands passing under his head and arms, and to be kept in this position for some minutes. The seances were to be repeated every second day.

GERMAN HOSPITAL.

SYNOVITIS.

DEAVER presented a patient, a woman about fifty years of age, affected for over two years with chronic synovitis, which would not yield to therapeutic treatment. He opened the joint (left knee-joint), cut the anterior crucial ligament, then dissected the diseased synovial membrane out, and scraped the articular surfaces of the bone. The bursa of the rectus femoris was also removed. After having removed all the diseased parts the bleeding vessels were ligated, the wound washed with a solution of bichloride $\frac{1}{1000}$, the crucial ligament was sutured, thorough drainage provided for, the capsular ligament and tendo patellæ sutured with catgut, with the hope of a new formation of the synovial membrane, making a useful joint.

For the skin flap, silver sutures were preferred to catgut or silkgut, because the latter may be absorbed before complete union has taken place. The leg was dressed antiseptically, and then put into a fracture box.

UTERINE CANCER.

DEAVER presented a patient, 27 years old, suffering with carcinoma of the cervix, involving the posterior wall of the vagina and extending nearly to the anus. The parts were thoroughly curetted, the actual cautery applied and the wound washed out with vinegar. In speaking of amputation of the cervix, he said that it affords only partial relief, and that the disease will continue to spread in nine cases out of ten after the amputation; therefore hysterectomy should be performed in all cases where the cervix is alone involved; but that the removal of the uterus will be of no benefit, where the surrounding structures are previously implicated.

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PHILADELPHIA

MEDICAL TIMES.

PHILADELPHIA. MARCH 15, 1889.

WILLIAM F. WAUGH, A.M., M.D., EDITOR.

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EDITORIAL.

THE EXAMINERS' BILL.

For many years there has been an effort made on the part of the medical profession, in the United States, to elevate the standard of medical education. The question has been agitated in private and in public; and nearly every society of any consequence, from the American Medical Association down to small local societies, has given its endorsement to every scheme which gave any promise of bringing about such a result. For awhile it was thought that the result could be brought about through the medical colleges, and considerable pressure was brought to bear upon them to that end, but without avail. It was soon demonstrated by the efforts of those teachers who were disposed to make the attempt, that higher medical education was beyond the control of the medical colleges: 1st, because of the easy manner in which charters for colleges could be obtained and the consequent great competition among colleges for students; 2d, because students being but human, would naturally prefer to go to the college which would give them the easiest and quickest entrance into the profession.

In consequence of this demonstrated fact, the American Medical Association recommended to the state societies that they make an effort through their county societies, to have laws enacted by the legislatures of the various states, creating state boards of medical examiners and licensers, thus taking away from diplomas their commercial value, and thereby depriving non-progressive schools of the power to nullify the efforts of those that made an earnest effort to raise the standard of medical education. Many state societies succeeded in carrying out the instructions of the American Medical Association to a successful issue. Alabama, North Carolina, Kentucky, Illinois, California, Virginia, Minnesota, South Carolina, Nevada and Missouri, and probably some others, have had boards created up to the present time, and during the present year many of the other states are making strenuous efforts to follow their example, notably New York, Massachusetts and Penna.

The Penna. State Medical Society has at three successive meetings urged the creation of such a board, and during the last year or two nearly every county society, and every special and social medical society in Penna. has endorsed the bill now before the legislature.

The prospects of this bill passing during the present session are very good, although there is strenuous effort being made to either defeat or to amend it so as to please the whims of sects and individuals. And here lies the danger, for what are apparently innocent amendments, may be allowed to creep in to please certain persons or to do away with opposition; and when those innocent amendments are put into practice it will be found that they will defeat the primary object of the bill. It is consequently of great importance that the entire profession shall stand up

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for the bill as it is, and ask either for its enactment without amendment or for its defeat.

To show that this is the proper position for the profession to take, we will pass in review some of the proposed amendments and try as far as possible to show their practical workings.

One of the amendments offered by the homœopaths is to provide for equal representation; that is, giving the old school, as they call us, themselves and the eclectics each an equal number of members on the board. Even could the gross inequality of this arrangement be overlooked, inasmuch as it would give one thousand men twice the representation which it would give six thousand, it would, nevertheless, be objectionable, because the Pennsylvania Constitution prohibits class legislation; and on constitutional grounds the hydropaths, the electropaths, the vitapaths, and every other sect which might arise, could claim an equal representation on the board. As soon as a law recognizes sects and divisions in the medical profession, it cannot draw the line at which to stop recognizing them. The practical result of such an amendment would, therefore, be a board, composed of a certain number of regular physicians and a vast majority of irregulars; and this might occur even under the liberal interpretation of the word regular, by which homœopaths and eclectics would be admitted as regular.

Another amendment offered by homœopaths, and endorsed by the liberals of all schools, is to provide for a minority representation on the board. The idea is to prevent any one school of medicine from ever having a majority on the board. Whilst this looks like the most innocent of all the amendments offered, it is probably the most objectionable from the standpoint of medical education. If the effort which is being made to have the bill passed means anything at all, it means higher education. Why, then, provide in the very bill which is to bring about that result, a perpetuation of a division of the medical profession into at least three sects? Let the law recognize but one medical profession, and let the schools fight their own battles.

Another amendment offered, and one which comes from the liberal and, strange to say, also the illiberal members of the old school, is to provide handsomely for the regular profession, as they call it, and to give the homœopaths and the eclectics a liberal representation, in accordance with their proportionate representation in the State. They would, for example, give the regulars either one-half of the board or a majority, and the eclectics and homœopaths a fair division of the remaining members of the board. Now, even if this were agreeable to the three schools named, it would not likely be agreeable to the hydropaths and the vitapaths and the Christian science people, and as they have a constitutional right to be named in any law which names any other schools of medicine, they would in all probability be heard from.

And now a few words in regard to some of the objections which are being urged against the bill as it is framed.

The one most frequently heard is that it places too much power in the hands of the Governor, and that there ought by all means to be a constitutional way found of compelling him to put a specified number of each school on the board. They who make this objection forget that the greatest tyrant is an inflexible law. On general principles, it is safer to trust the sense of right and propriety of the Governor, than a law which under all circumstances must be interpreted in a set way. The Governor of a State, no difference what his personal

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convictions may be, is apt to interpret a law in a spirit of fairness; and there is very little danger of his doing so unpopular an act as to give to a minority a majority representation on any Board of which he has the appointing. The bill, as drawn, makes no reference to sectarian medicine, but merely deals with the medical profession as one body. Its object is higher medical education and the suppression of quackery. The Governor who recognizes the object for which the law is framed can, we think, be relied upon to make the appointments in accordance with that object; and as the law stands, he will not be hampered by the constitutional rights of quackeries which have merely nominal representation in the State, and which, nevertheless, have legal rights. Inasmuch as the law does not mention any school of medicine from which he will be compelled to make his appointments, he can use his judgment as to whether this or that school has a sufficient following in the State to warrant any representation on the Board.

Another objection to the bill in its present form is that it makes members of the staffs of medical schools ineligible to appointment on the Board. If those who make this objection will but consider for a moment how many conflicting interests would necessarily be introduced into a Board on which one member from the staff of every college in the State, and from every college that might spring up in the future, would necessarily have to be placed, as well as the onerous duties which such connection with the Board would entail on the colleges, they will appreciate the wisdom of the provision in the bill which makes persons connected with a college ineligible to the Board.

Other objections of minor importance could readily be answered, but suffice it to say that those persons who have given most study and thought to the bill as it now stands think most highly of it, and are least desirous of having it amended. The bill has received the most careful study and scrutiny of a score or more of able medical and legal minds; and its present form is the result of their labors, remodeled and improved by a practical legislator, and any one who thinks that after a single reading or two he can pick out flaws and offer good amendments should bear this fact in mind. It is very easy to say this or that ought to be provided for in the law, but it is not easy to provide for it and to make a law which is consistent in all its parts, and which does not interfere with the constitutional rights of any one.

ANNOTATIONS.

THE HABITS OF BRAIN-WORKERS.

According to the *Medical Age*, the most frequent fault of the brain-worker is excessive application to work. "The most intense and fatiguing of toils is pursued almost uninterruptedly, food is neglected, and the claims of exercise and sleep are but imperfectly admitted. Two hours' exercise in the open air daily is probably a minimum, and might prudently be exceeded. The brain-worker must live sparingly rather than luxuriously; he must prefer the lighter classes of food to the heavier, and he must be very prudent in his use of alcohol. Tobacco and tea are apt to be favorites with him, and their immoderate use may require to be guarded against. It is a nice question whether he needs more or less sleep than other men. Many men of genius are light sleepers; probably in some cases a misfortune; but there seems some ground for the notion that more than a moderate indulgence in sleep is unfavorable to successful mental effort."

We cannot fully agree with these views. Mental effort causes waste of

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tissue-elements quite as much as bodily exertion, and this demands a full supply of food. What with dyspepsia and absence of appetite, the results of deficient exercise, and the influence of preconceived ideas as to the use or disuse of special articles of food, the brain-worker is very apt to receive too little nutriment to make up for the waste. Especially is this the case when he, unconsciously perhaps, replaces food by the use of tea, tobacco, alcohol or opium.

We must also protest against the advice to go supperless to bed. Fruitful source of insomnia and neurasthenia! The brain is exhausted by its evening work, and demands rest and restoration of its wasted tissues; not by indigestible salads and fried abominations, but by some nutritious, easily digested and assimilated articles. A bowl of stale bread and milk, of rice, or some other farinaceous food, with milk, or of hot soup, would be more to the purpose. Any of these would insure a sound night's sleep, from which the man would awaken refreshed.

On the other hand, no one would recommend a brain-worker to go to his task with his fancy weighted with the results of overeating. Whether it be the stupidity of plethora, or the innutrition due to overloading the stomach with food beyond its digestive capacity, the result is unfavorable to the free flow of ideas. The man who desires to realize from his stock of brains and bodily vigor the utmost possible amount must regulate his life by rigid precepts. He must eat food suited to his needs and the powers of his stomach; he must take his due exercise, preferably with a wheel, as he thus secures many additional benefits; he must eschew artificial stimulants; he must keep the Sabbath physiologically, and must take a sabbatical month, for recreation pure and simple. He *must* keep his mind free from financial worry by properly arranging his business affairs. And, finally, he must steel his heart against the allurements of Bacchus and Venus. With such a life, he should produce the best work of which he is capable, and retain his health and capacity to work into a good old age.

TYPHOID FEVER IN PHILADELPHIA.

The report of Dr. Cresson to the Board of Health attributes the prevalence of typhoid fever to the contamination of the Schuylkill water. This he traces to the sewage discharged into the river from Norristown, Conshohocken and other large towns. This is delivered into stagnant pools, where it remains until washed into the river by rainfalls. In this way Dr. Cresson accounts for the periodic variations in the number of cases; an increase following each rain.

This explanation fails in one respect; if true, judging by the experience of Plymouth, there ought to be far more of the disease than really exists. From January 8 to February 19, there were 745 cases reported. This is but an insignificant percentage of the persons who are liable to have typhoid fever, in a city of over a million inhabitants, when compared with the epidemic at Plymouth. We think the cause of the fever at Germantown has not as yet been dicovered; and that the proposition of the Germantown Hospital for a full report of the circumstances connected with each case, including sanitary arrangements, milk supply, etc., is eminently proper.

Meanwhile, it is the duty of every practising physician who attends a case of typhoid fever, to see that no harm shall result from that particular case. And this can easily be assured by disinfecting the stools as soon as they are passed.

THE HOME FOR AGED COUPLES.

This is one of those charities whose beautiful design must have originated in a heart full of loving kindness. A home where an old couple can pass their remaining days together, relieved from want and surrounded with such comforts as they can still appreciate. In the thirteenth annual report we see there are 22 persons in the Home, though several more could be accommodated were it not that by reason of the death of their partners, some inmates occupy singly the rooms intended for a couple. It is announced that one of the managers, Mrs. Girard, intends to erect a two-story wing, to add to the capacity of the Home; and if the money

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can be raised, another story will be added.

Our esteemed friends of the *Medical Chips* are in error when they say or intimate that the Pennsylvania medical colleges had anything to do with the passage of the present registry law. On the contrary, the colleges are earnestly asking the legislature to relieve them of an onerous and unasked task, one which is calculated to do them infinitely more harm than good, by making enemies of every candidate who fails, and sometimes incurring the ill-will of other physicians if the candidate succeeds. Examples of this may recur to the consciousness of the editors of the *Medical Chips*. These gentlemen have not acted ingenuously in quoting the action of the Virginia Medical Board, without giving the plain facts of the case. We have stated these facts squarely; we challenge a denial, and we leave it to every fair-minded man, who values truth and justice, to say whether the Virginia board has not wilfully slandered our college. We have never questioned the action of the board in rejecting our candidate. That may happen to the best school in America, as the St. Louis College of Physicians and Surgeons may perhaps testify. But the expansion of one man into three is our point for protest. Nevertheless, we might well have claimed that such evidence of a desire to do us harm was sufficient explanation of the failure of our candidate.

The following letter will, we trust, set at rest the rumors that Jefferson Medical College is opposing the Examiners' Bill. There are probably individuals connected with the staff of each medical college who are not in favor of the bill; but we believe that, as it now stands, it meets the approval of each of the faculties, and that there is not a single member of any of them who is actively opposing the measure, either openly or otherwise.

"February 25, 1889.

"LAWRENCE F. FLICK. M.D.,
Chairman Committee.

"*Dear Sir*—In reply to your letter of the 18th inst., I beg to state that the rumor of opposition to the medical bill on the part of our faculty is incorrect. We have not considered the matter formally. The members of our faculty are not opposed to any medical bill that is favored by the general profession of the State.

"Respectfully and truly yours,
(Signed) J. W. HOLLAND, M.D.,
Dean."

A month ago the Virginia Medical Examining Board was "pointed to with pride" all over the land. Every journal quoted its results and fulminated editorial thunders against the wicked colleges. But with the exposure of its tricky methods there has come a sudden drop in the reputation of the board, and now everyone who honors the Old Dominion hangs his head when her medical board is mentioned. How much better to have followed the honorable example set by the Illinois board, against which no breath of suspicion has ever been raised.

HOW INDIGENOUS DRUGS BECOME OFFICINAL.

A DRUG WITH AN INTERESTING HISTORY.

THE history of the introduction of new drugs into scientific therapeutics affords an excellent opportunity of dividing the human family into two great classes—the sanguine and the conservative; one welcoming everything new, filling the injunction to try all things and hold fast to the good; the other suspicious of the new and clinging to the old, sometimes, it must be confessed, even in the face of the most convincing evidences of superiority presented by the former. It also shows how the popular faith in the remedial value of indigenous plants is frequently based on real medicinal virtues, determined by long experience; indeed, the observation is trite that a knowledge of many of the most valuable drugs of the materia medica of to-day came primarily from sources apparently least promising. Sometimes aborigines, or ignorant persons, entirely devoid of scientific cultivation or knowledge, have, by accident or otherwise, discovered the medicinal action of a certain plant, and its humble origin is reflected by a name indicating its properties, or

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prompted by superstition, in tribute to its virtues. As a pertinent illustration, we might cite the history of the introduction of rhamnus purshiana, to the profession; known and used for a long time in its habitat by the common people, its virtues were unknown to science until ten years ago, when, in the investigation of the medicinal flora of this country for the enrichment of the materia medica, the attention of an enterprising western house was directed to this drug by a physician of California.

The success which greeted the introduction of this drug to the medical profession seemed to create considerable feeling, which ultimately led to a strong and united effort to destroy confidence in its special therapeutic value. The medical press of the country took part in a very active and at times acrimonious discussion of the question at issue; but the final result was to establish the value of cascara sagrada, at least, as a remedy of peculiar efficacy in the treatment of constipation.

It is worthy of note, however, that this drug, which has been most largely used as a remedy for constipation, is believed to have cholagogue powers, and has recently been discovered to be of service in rheumatism. (See articles by Dr. H. T. Goodwin, in *New York Medical Journal*, January 9, 1888, and Dr. J. P. Martin, in *London Lancet*, September 1, 1888.)

It has been used with success in acute rheumatic arthritis, in combination with salicylate of sodium; and it seems quite possible that further experience may confirm the facts already reported, and that cascara may prove to be, if not the long-looked for specific for chronic rheumatism, certainly a valuable addition to our resources for the relief of this disease, which we often find so unamenable to other treatment.

Some manufacturing pharmacists, without special knowledge of the drug, which is to be obtained only by careful study and manipulation, have been unable to furnish satisfactory preparations of cascara sagrada, and on this account have hastily assumed that the virtues claimed for this drug were mythical, and have, by introducing other ingredients with laxative properties, sought to render it more efficient, and, failing in this, they have resorted to misrepresentation to discredit the clinical reports of its value.

Perhaps the most noteworthy of these instances of attempted depreciation was the attack by the editor of the *Ephemeris* (who was himself a manufacturing pharmacist), who endeavored to supplant it in the esteem of the profession by rhamnus frangula. (See *Ephemeris*, Oct., 1887). He claimed that the stock obtainable of cascara sagrada was inferior in quality, and asserted that the product made from it should not command the prices then current. To justify his position, he quoted the price of the drug at a lower rate than that at which the highest quality of cascara sagrada could be had or the preparations made.

This radical departure fortunately led to a thorough re-investigation of cascara sagrada by the profession, in the course of which many interesting facts were brought out, notably that spurious and inferior varieties, medicinally, of little or no value, were upon the market, and that failure in selection of supplies and in curing the bark by age before its manufacture into pharmaceutical preparations, had accordingly led to the introduction of many inert or irritating preparations. Indeed the extensive use of these inferior preparations would have eventually thrown this valuable drug into disrepute had not the more carefully prepared genuine product obtainable, constantly demonstrated, with such certainty, its therapeutic efficiency. At the present day the consumption of cascara sagrada is almost unparallelled. Its use is almost as general as opium. Scarcely a physician can be found in this country that does not prescribe it, while in Europe the consumption is also very large, and it has been made official by the British Pharmacopœia.

Advances have also been made in the chemistry of this interesting drug; the bitter principle of cascara was at one time thought to be inseparable from its laxative action, but recent experiments (see *American Journal of Pharmacy*, Feb., 1888) would seem to indicate that this is not the case; though it is possible the well-known tonic properties of the drug on the intestine may be in part ascribed to the bitter principle.

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The pharmacy of the preparation has also improved.

Preparations of cascara sagrada, from which the bitter principle has been almost wholly eliminated, are now obtainable and are being extensively used, and as far as the experience of physicians has been reported, with results as satisfactory as those derived from the older and more bitter preparations.

The demand for cascara sagrada, or more properly rhamnus purshiana, has been so great that what was anticipated has at length occurred, and there is now reported to be a great dearth of the genuine bark. The supply of even the inferior varieties on the open market, adulterated as they are by admixture with spurious barks, is so short that the price has recently advanced two hundred and fifty per cent. and the genuine first quality bark is almost unpurchasable.

If physicians have not always obtained satisfactory results from this drug, it may have been due to the fact that it was not administered in proper doses, or that they had accidentally been supplied with some inferior or inert preparation. The latter fault can be easily obviated, however, by obtaining the drug or preparation from the hands of reputable dealers.

LETTER FROM PARIS.

HEALTH BY THE TRICYCLE. [1]

DR. OSCAR JENNINGS, a prominent English physician, who practices in Paris, has written a most interesting little book on the medical questions that arise from the present considerable use of wheeled man or woman motive power. This excellent work is compiled by patient researches among the writings of all authors on the subject, and from the doctor's own personal experience, which is considerable. Most of those who have written on the subject have looked upon the wheeled machine as an instrument of sport, or at most, of hygienic exercise; but there is really a practical medical side of the matter. Drs. Richardson and Gordon Stables wrote pamphlets on *Health upon Wheels*, etc., but up to Dr. Jennings' book we find nothing definite on the *medical* use of the tricycle. He found so many prejudices to overcome that he wrote the present work hoping that printed proof would settle the question.

No doubt, much that has been said against wheeled vehicles propelled by the passenger, arose from the defective make of the old ones; but the present perfect machine seems to be one of the most available means of taking the air and obtaining the exercise that is so conducive to health and well-being in man and woman.

The *British Medical Journal* of February 2, 1889, devotes a leading editorial to Dr. Jennings' book. The question is now no longer of a machine for recreation, but one whose use is curative of many affections, while it is a perfect form of exercise; and every physician should study its indications and contra-indications in disease. The English journal thinks it probable that as an exercise it may be inferior to rowing and to riding on horseback; but few will agree with this. Rivers and horses besides are not so plentiful.

Dr. Jennings first lays down a law of *moderation* in the use of the machine, and shows that races are only for professional people who have been trained. He also finds that the overtrained athlete does not last long, and quotes Hippocrates, who said: "The good condition of the body in athletes is dangerous, leading to the highest degree of plentitude, and as it cannot remain there or increase, it must decrease;" so it is not good to train. What is moderation? Over 300 miles a day has been done on a bicycle, and nearly 240 miles on a tricycle; 20 miles an hour has been made. But Dr. Jennings warns all who take it up for health to follow a few simple rules and resist the tendency to be carried away by the irresistible desire one gets to go as fast as one can.

The novice must go slowly the moment there is an acceleration of the heart, or even signs of perspiration. About *six miles an hour* is a good rate. An important point is to be dressed completely in flannels; not the slightest thread of cotton is to be allowed; even

[1] "La Santé par le Tricycle," Paris, Berthier, published in 1888.

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the inside band of pantaloons must not be of cotton; it is mostly *all-wool* clothing, then, not even a white collar.

People who have no personal experience of such matters are fond of saying that cycling will cause such and such diseases and troubles, but they have no proof of their statements; while it is certain that even varicose veins derive actual benefit from this exercise. This is clearly shown in those cases where the condition is due to constipation and a sedentary life, while in those of organic etiology no harm is done by cycling. Dr. Jennings then recommends tricycling in cases of varicose veins, hernia, hemorrhoids, chronic gout and rheumatic gout, obesity, and in a general way it is useful to all who are growing more than middle-aged. Men who follow sedentary occupations, begin to feel increasing stiffness about the joints, or have chronic constipation, derive great good from cycling.

A large number of persons, including many doctors, among them the late Dr. Mahomed, of London, derived benefit in cases of varicose veins. As to hernia, Dr. Jennings does not say it is cured by the use of the tricycle; but gives cases of doctors who had inguinal hernia, who found the hernia gone and who no longer had to wear a bandage. As to hemorrhoids, they seem to diminish on the cycle, yet they are often produced by horseback riding. As to rheumatic cases, even great stiffness of the articulations or the loss of the use of one leg, does not prevent cure. A funny case is given of a man who had been to twenty doctors, and *survived them all*, to be cured at last by the last one, who advised riding a tricycle. Paralysis of one side did not prevent wonderful improvement; a case being given of a patient of 50, who was paralyzed on one side, and yet rode 4000 miles last year. As a rule, it is not advisable to order our consumptive patients to take to the tricycle, yet numerous cases of great good derived from the use of the machines are given. The ladies are recommended to mount the iron steed, and their neuralgias, constipation, insomnias, anæmias, etc., etc., will soon leave them. Even women in the family way, to use the homely expression, can cycle with profit. Certainly, there are some cases in which it would not be advisable; so much the more necessity for the doctors to study this new therapeutic agent.

Sterility has been cured by horse-back riding; why not by tricycling? The incomplete oxidation of aliments in rheumatism, gout, obesity, asthma, and diabetes is well known, and air is the cure. There are over 500,000 English velocipedists, and not half as many in France. How many in America? As for England, there is no longer any occasion to defend its use. The Prince of Wales and his three daughters are all ardent cyclists. The crowned heads are numerous who advocate and use the machine. The clergy, law, and last, but not least, the doctors, make their daily rounds on it. So that it is an accepted fact in society and medicine, and its proper application is enforced upon medical men; as, without personal study, they cannot judge of its good or evil effects.

TREATMENT OF CHLOROSIS.

Some notes of a late clinic by that trenchant and bright Professor Peter, on the treatment of chlorosis, will prove not uninteresting we are sure. He said: "We are now far away from that old equation which read, Chlorosis = Iron; which is as false as that heart-disease means all the time digitalis, or even digitaline. As a rule, too much iron is given. The human organism only contains a few grammes of iron in all; so that it is useless to give large quantities, which, besides, will only give cramps of the stomach." As to what kind of iron to use, Dr. Peter says that Trousseau used to tell his country patients to get a big nail, and get the blacksmith of the village to file it up for them; and they were to take a pinch of the filings before each meal. Chlorotic girls eat all sorts of pencils and powders, and like to chew coffee-grains —like the young men on certain occasions; so the following formula will be good for chlorosis:

Calcis precip.,
Powdered coffee,
Powdered rhubarb. āā 20 centigr.
Iron filings.....0.005

For one cachet.

Order a certain number of these cachets, and give one before each meal.

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If there is pain and swelling, one centigramme of opium and nux vomica each may be added. Iron is indispensable no doubt in chlorosis; but the other auxiliaries are even more so. You should be inspired by the fact that these girls like vinegar. It is instinct with them. They know that it increases gastric juice and aids digestion; so let them take salad with oil and vinegar, and even have their meat-plates 'all garnished round with pickles.' They may take ham, also, and other white meats. Beef is good, but not so exclusively. Give them the following potion:

Acid hydrochlor. (officinal) 6 drops
Filtered water.....120 grms
Lemon syrup.....20 grms
M. S. Tablespoonful after meals.

If they are constipated, use podophyllin at night before retiring. Give about 0.02 to 0.03 twice or three times a week, or 0.20 or 0.25 of cascara sagrada; but do not use strong purgatives.

But it must not be supposed that all this will regulate the periods. You must help the uterus along also; and, at the epoch of the menstrual flow, order for two or three days two capsules of apiol, to be taken twice a day, and hot baths of twenty to twenty-five minutes' duration. Hydrotherapia is essential to these patients, but do not start on the cold water at first; use warm, and in all cases plenty of friction afterwards, as well as massage. Sea-baths are good in the season; exercise, gymnastics, swimming, horseback riding, boating, gardening, and anything to keep them out in the open air and sun as much as possible, are adjuncts that must not be forgotten.

SELLING A PRACTICE.

A distinguished French judge raises the question whether a doctor can sell his practice or not. The French law says that "anything can be sold that is in commerce and is not forbidden by law." Yes, but is a practice an article of commerce! What is it? It is an assemblage of persons who are in the habit of going to an individual who gives, or rather sells them his advice or counsel; and in reality it is not an object of trade, because it is personal, and results from a personal attachment to a certain doctor, and it is then a thing that cannot be sold.

It has been decided by the courts here that a contract of sale of a practice is not valid, but notwithstanding this, all doctors consider their practice has certain value, and sales take place daily. It is indeed looked upon as so much property, to be bartered from hand to hand; every dentist and doctor sells his practice, but the law only recognizes this,—that a man may make a contract with another of the same profession, that the party of the first part engages for a certain price, not to practice his profession within a certain region, and he engages to make all possible efforts for a certain period of time to engage his patients to employ his successor, and to aid him to gain their confidence. This is all the law allows in selling a practice.

SOME LATE FORMULAS.

Salol for Burns.—The parts are to be carefully washed and all the blisters picked and emptied, when the following is to be applied on small pieces of linen:

℞ Lanoline .....100 grams
Salol..... 8 "
M. F. pomade.

Renew the application two or three times a day.

For Ozoena.—Use nasal injections of warm sulphur water and the following solution:

℞ Creoline..... 1 gram
Pure alcohol.....120 grams

M. S. Put a teaspoonful of this into a quart of warm water, and use with nasal douche, one-half at a time only. In regard to nasal douches, it is now thought best not to inject more than a pint at a sitting, and to instruct the patient to keep the head erect, and in blowing the nose only to blow out one side at a time, keeping the other closed; this prevents strain on the vessels and resulting hemorrhage.

Gray Oil for Hypodermic Injection in Syphilis.—This method of using mercurial treatment is rapidly increasing in favor, but it takes a long trituration to prepare the oil, and M. Vigier gives the following rapid method of preparation:

℞ Mercury.....19.50 grams.
Mercurial ointment.... 1.00 gram.
Vaseline..... .... 2.50 grams.

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Put these into a mortar (in which first burn a little alcohol); beat them all together quickly for fifteen minutes, and then add vaseline, 7 grammes, and oil of vaseline, 20 grammes, which gives a total of 50 grammes or forty per cent. of mercury. S. Use per hypodermic injection.

—*Thomas Linn, M.D.*

SOCIETY NOTES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

DR. JOSEPH PRICE read a paper on

GONORRHŒAL DISEASES OF THE UTERINE APPENDAGES.

The attitude of numbers of professional men who express either incredulity or absolute disbelief in the causative relation between gonorrhœal disease in women and pyosalpinx and abscess of the ovary, is sufficient justification for a still further discussion of this subject. My views upon the matter are based neither upon theory nor upon microscopic examination. They are from surgical experience only, or from confessions of men whose wives have been diseased by them. From the time that Noeggerath first formulated his belief upon this subject it has been smiled at, contradicted or controverted, but never in its essentials disproven. In his earlier paper, Noeggerath fell into the common error of enthusiasts, that of attributing too much to his discovery, and claiming too wide a pathological field as the sequelæ of this trouble. This, without doubt, led many otherwise fair-minded men to pass over his paper as unworthy of attention, thus impeding the progress that otherwise would have followed its discussion and the observations based upon its claims.

In taking up most later surgical works we find the etiology of ovarian and tubal disease considered from this standpoint omitted—a missing link, or differentiated out of sight. This is wrong. As early as 1877 Mr. Lawson Tait and others insisted upon the relation existing between gonorrhœa in man and tubal disease in women. Noeggerath antedated him about five years. Mr. Tait also insisted on its causative relation to perimetritis; this as late as 1883. Schroeder, in the early editions of his *Gynecology*, insisted upon this as bearing a causative relation to ovarian and tubal troubles. In the very latest edition he says: "Gonorrhœa, in the highest degree, appears as a causative disease in women." Sänger also is an ardent advocate of the same belief. He is wrong, however, I am persuaded, in holding that the gonorrhœal infection is always late in revealing its presence in the woman when transmitted by the man. To this subject I shall refer later.

Without further collation of authorities upon this subject, I shall proceed briefly to its discussion. Whether or not the presence of the disease can be diagnosticated absolutely by the presence of gonococcus of Neisser, is of small importance, if by the chain of common evidence we can connect the presence of one disease with the other in their sequence. If, on discovering tubal disease in a woman who has never aborted nor had any of the diseases incident to childbed, who has been healthy up to a time, after which vaginitis has occurred, contracted from her husband, after which the woman from time to time experiences increasing pelvic pain, losing strength and weight—the case, it seems to me is made out, save as quibbling may dispute it. This history occurs in most of the cases I have handled. Of the many cases that have come under my observation, I choose the following as illustrative and typical:

"A young married woman, one child. Her recovery from childbed excellent; no gonorrhœal infection of the child at birth. Some months afterward she had inflammation of the vulvo-vaginal glands, with suppuration. Later she appeared with abdomen tense and painful, enlarged tubes and ovaries, tender and painful on the slightest movement or pressure; she had lost in weight and strength. Her husband confessed to the infection of his wife. The diagnosis was made of gonorrhœal pyosalpinx, and operation proved the correctness of the opinion. Both tubes contained pus, were cheesy and friable, the ligatures cutting through all but the vessels. The abdomen was full of fluid, and the intestines gave evidence of acute peritonitis."

The history here is complete, leaving no possible doubt as to the origin of

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the disease. The early infection here exhibited is at variance with the views of Sänger and shows that his statements are not necessarily correct, or accidentally correct, if at all so. There is no sufficient reason why this infection should not be early. I incline to the belief that the disease originates early, but may be slow in its progress, and thus escape attention and discovery.

REVIEWS AND BOOK NOTICES.

A TEXT BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., LL.D., F.R.S., Professor of Physiology in the University of Cambridge, and Fellow of Trinity College, Cambridge. With illustrations. Fifth edition, largely revised. Part I, comprising Book I. Blood; The Tissues of Movement; The Vascular Mechanism. London, Macmillan & Co., and New York, 1888. Price. $2.60.

The physiologist who begins reading this work at the beginning will not stop until he has reached the end. The student who does the same cannot fail to attain that of which he is in search. The author is evidently a positivist; his conclusions are based upon physical and experimental premises. Where reasoning is employed, the same is categorical, not hypothetical; where origin, causation or vital activities are unknown, doubtful or not understood, he does not indulge in vain and vague speculation, but he simply says "we do not know." There is a refreshing absence of foot-notes and reference to other authors. The language of the book is classical English; it resembles classical German works in this, that there is a conspicuous absence of Latin and Greek terminology where good, plain English will do as well, or better. For instance, in speaking of the change of form and position of the heart during a cardiac cycle, he says "*side-to-side* and *front-to-back* diameter," instead of *lateral* and *antero-posterior*. The style is lucid, the sentences are short, the paragraphs are well-rounded. There is nothing suggestive of pedantry or mannerism. Being enthusiastic as well as competent, the author infuses such a fresh and sprightly life, even at times poetic fervor, into his work as to make it exceedingly readable, thus lifting it clear of the tedium so often clinging to scientific treatises of this character. The illustrations consist exclusively of representations of apparatuses and "tools of precision," — kymograph, myograph, manometer, perfusion canula, electrical machines, hæmatachometer, etc., together with diagrams and tracings illustrating muscular contraction, bloodvessel pressure, heart's action, the measurement of the velocity of a nervous impulse, the course of the cardiac inhibitory and augmentor nerve fibres, etc.

Concerning the subject matter itself, as stated in the preface, the author deals very briefly with the several histological points,—simply enough to bring the student to the physiological problem with the histological data fresh in his mind, and confines himself to matters having a physiological bearing. This he does in a masterful way by taking into account the results of the observations, investigations and researches of times past and present, and as illuminated by physiological experiment, physiological anatomy,—a term we like better than "vivisection,"—physiological chemistry and clinical observation. He brings into requisition all the physical and mechanical devices invented up to the present day, for securing accurate observation and precise and definite results. Under such circumstances the philosophy is not likely to be erroneous, nor the logic sophistical.

It is not our purpose, however, to enter into a detailed review of the author's position, premises, reasoning or conclusions; neither favorable nor adverse criticism will either add to or detract from the high order of merit of this work. We cannot better indicate the style and contents of the treatise, of which the book before us is only the first part, than by quoting the last paragraph of the introduction entire.

"The above slight sketch will perhaps, suffice to show, not only how numerous, but how varied are the problems with which physiology has to deal.

In the first place there are what may be called general problems, such as how

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the food after its preparation and elaboration into the blood is built up into the living substance of the several tissues? How the living substance breaks down into the dead waste? How the building up and breaking down differ in the different tissues in such a way that energy is set free in different modes; the muscular tissues contracting, the nervous tissue thrilling with a nervous impulse, the secreting tissue doing chemical work, and the like? To these general questions the answers which we can at present give can hardly be called answers at all.

In the second place, there are what may be called special problems, such as: What are the various steps by which the blood is kept replenished with food and oxygen, and kept free from an accumulation of waste, and how is the activity of the digestive, respiratory and excretory organs, which effect this, regulated and adapted to the stress of circumstances? What are the details of the working of the vascular mechanism by which each and every tissue is forever bathed with fresh blood, and how is that working delicately adapted to all the varied changes of the body? And, compared with which all other special problems are insignificant and preparatory only, how do nervous impulses so flit to and fro within the nervous system as to issue in the movements which make up what we sometimes call the life of man? It is to these special problems that we must chiefly confine our attention, and we may fitly begin with the study of the blood."

TRANSACTIONS OF THE ROYAL ACADEMY OF MEDICINE IN IRELAND. Vol. vi., 1888. Edited by WILLIAM THOMPSON, M.A., F.R.C.S., General Secretary.

This is a valuable publication full of well condensed matter. The contents are arranged in sections embracing Medicine, Surgery, Obstetrics, Pathology, State Medicine, Anatomy, and Physiology. Under each of these heads or sections are articles by eminent writers in the science of medicine, and amply illustrated. We presume there are few volumes that contain so much valuable information.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. Vol. iii, 1888.

The session of this Society was held in Washington, in September of last year, at which a variety of valuable papers were read. Among these were the President's Address on the Relation of Scientific to Practical Medicine, by W. H. Draper, M.D.; Geographical Distribution of Typhoid Fever in the United States, its Relations to Fevers of Malarial Origin, and to Obscure and Unclassified Forms of Continued Fever, by W. W. Johnston, M.D.; the Management of the Stage of Convalescence in Typhoid Fever, by James H. Hutchinson, M.D.; together with twenty-three more papers.

BUREAU OF EDUCATION. N. H. R. DAWSON, COMMISSIONER. REPORT OF THE COMMISSIONERS OF EDUCATION FOR 1886–7. GOVERNMENT PRINTING OFFICE, 1888.

Over 1000 pages of Reports from all States and Territories. Tabular statements without number, and full of interesting facts relating to education and manual and industrial training, etc., etc., that must have involved a great amount of labor to compile. We sympathize with the man who would undertake to digest the whole of them. He had better make his will at once before entering on the undertaking.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES, embracing the entire range of Scientific and Practical Medicine and allied Science. By various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M.D., N. Y. Volume VII, pp. 795; quarto. Published by William Wood & Co., N. Y. 1889.

This volume begins with Teratology and ends with Worms. The former subject is considered by E. J. Fisher. Among the more lengthy papers is that upon the tongue, by F. J. Shepherd; tonsils, D. B. Delavan; tracheotomy, L. S. Pilcher; trades, S. A. Goldschmidt; tuberculosis, F. Forchheimer and H. M. Biggs; tumors, L. McL. Tiffany; tympanum, R. A. Randall and others; ulcer, B. F. Curtis; urethra, A. Post; urine, R. F. Ruttan; uterine

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displacements, E. S. Brown; vaccination, S. W. Abbott; ventilation, W. Oldright; vision, C. S. Bull; water, C. Smart; West Indies, J. C. Rosse; whooping-cough, C. W. Townsend; wines, C. McK. Leoser; and worms, J. T. Whittaker.

THE PATHOLOGY, CLINICAL HISTORY AND DIAGNOSIS OF AFFECTIONS OF THE MEDIASTINUM, other than those of the Heart and Aorta; with tables giving the clinical history of 520 cases. Being an essay to which was awarded the Fothergillian Medal of the Medical Society of London, March, 1888. By HOBART AMORY HARE, B. Sc., M.D. (Univ. of Pa.), Philadelphia: P. Blakiston, Son & Co. 1889.

One cannot but admire the industry which the author has displayed in collecting from many different sources this large number of cases of a comparatively rare group of diseases. The meager references to mediastinal affections, to be found even in the modern medical cyclopædias, will show how much we owe to Dr. Hare for his patient work.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE. By S. S. BURT, M.D. New York: D. Appleton & Co. 1889.

Professor Burt has given us in this volume of 206 duodecimo pages a very useful manual of thoracic diagnosis. It is printed in good style, and the illustrations are beautiful and mounted on fine, sized paper.

BRIGHT'S DISEASE. By ALFRED L. LOOMIS, M.D. Physicians' Leisure Library. George S. Davis, Publisher, Detroit. Price, 50 cents, cloth; 25 cents paper.

THE NORTH AMERICAN PRACTITIONER appears as the journal of the Post-Graduate Medical Schools of Chicago. It is edited by BAYARD HOLMES, assisted by JUNIUS C. HOAG, and published by Charles Truax & Co.

It is a handsome journal, with good typography and well filled with matters of interest. We must lament the excessive multiplication of medical journals, but if they must come, we hope they will be as creditable as the specimen before us.

The Alabama Medical and Surgical Age is the title of a new monthly, edited by John C. LeGrand, M.D., and published at Anniston, Ala. The number before us is a creditable specimen of the work of our Southern friends. The editorials are clear and outspoken, and deal with live issues, rather than with bald pathological subjects. In this we think the editor has fairly grasped the true function of the local journal. We are pleased to give it a place on our table, and hope the extreme length of its name will be significant of its vitality.

"THE TRAINED NURSE."

With the beginning of the second volume, this journal enlarges to 48 pages, having absorbed another journal which covered the same field. There can be no question that this field fully justifies by its importance the publication of a journal devoted to its interests, and the copy before us appears to fill the bill quite creditably. It is published in Buffalo.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is by means of a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

GASTRIC ULCER.

Thinking you might care to hear what a vaginal examination revealed in the case of my gastric ulcer patient, reported in the No. before last of your paper, I write. After a great deal of persuasion I was allowed to make the examination. I found nothing wrong with the uterus, but to my surprise I found it contained a three months' old fœtus, alive. It is very strange, after the repeated vomiting and several late attacks of diarrhœa. She has not aborted. My patient is better in every way save for cramp in her arms and feet. She has wrist drop in both hands (similar to lead poison). Have her on tonics, plain good food, and cod-liver oil.

ROBERT G. O'HARA, M.D.

Charlemont, Va.

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ABSTRACTS.

NOTES ON SOME NEW DRUGS.

Paraldehyde. This is of value in the restlessness and cardiac asthma so often seen in aortic diseases, and in the laboring, dilated heart of Bright's disease. It is also occasionally useful in the headache of renal disease; though nitroglycerine is usually more reliable. In some forms of mania it is of even more use, such as mania from drink and delirium following typhoid.

Urethan. It is one of the best hypnotics, and is very useful in the headache of early typhoid.

DIPHTHERIA.

The following table, taken from the *London Medical Recorder*, gives the results of various methods of treating diphtheria. The position of chlorine and hydrochloric acid is in full accord with the views held by the writer for many years:

	Average Mortality.	Percentage of Fibrinous Diphtheria.	Percentage of Phlegmon Diphtheria.
Hydrochloric Acid....	21.4	15.4	100.0
Aq. Chlori.....	33.3	23.0	100.0
1. Wiss's Mixture.....	34.2	21.9	100.0
2. Henoch's Method....	45.4	40.0	100.0
Benzoate and Salic. of Sodium.....	46.1	22.2	100.0
Quinine.....	47.0	35.7	100.0
3. Koszutzki's Method.	47.3	16.6	100.0
Perchloride of Iron....	51.1	30.3	87.5
Thymol.....	54.5	43.0	92.8
Mixed Treatment.....	59.5	41.9	93.7
Chlorate of Potash.....	62.5	60.5	100.0

1. Quinine sulph., 0.4—0.6; aq. dest., 90.; acid hydrochloric, gtt. 8.; ammon. chlorid., 6.; syr. aurant. cort., 90. M. S.—One drachm to half ounce every two hours.
2. Chlorine water, with decoction of cinchona.
3. Irrigations with 5 to 10 per cent. salt solution, and calomel insufflations.

GASTRIC ULCER.

CHERBAKOFF injected a solution of chromate of lead into the gastric arteries of dogs, producing round ulcers, which healed rapidly, excepting when the gastric juice was rendered more acid. In this case the ulcers extended. These results may not be devoid of significance, as hyperacidity is frequently associated with round ulcer.—*Lancet.*

THIORESORCIN.

LANDIS (*Medical Chips*) speaks highly of this drug as a substitute for iodoform in surgical dressings.

MISCELLANY.

A correspondent of *Daniel's Texas Medical Journal* is moved by sundry tender recollections of the "war-time" to attempt a defense of the hog, over which he even grows poetical, as may be seen from the following picture of the soldier in camp after a hard day's march:

O! how our salivary glands (sublingual and parotid),
O'erflowed, as in our hands the "pone" with precious drops was dotted!
How fragrant was the smoky air, like incense heavenward rising,
And as we sniffed the od'rous breeze, we felt our hopes reviving!
For in that ration adipose, lay force, and red corpuscles,
To fill our veins, and to renew our weary wasted muscles!
No fears of noxious *tenia solium*, nor of *echinococcus*,
Trichina S. nor bacilli, nor deadly micrococcus,
Disturbed our gustatory joys, nor hungry visions haunted,
Bugs, germs and all, we bolted down, by hidden foes undaunted;
Our scanty meal too soon consumed, lights out, our drummers rattle,
While distant, growling, hostile guns, presage to-morrow's battle;
And when at last our weary frames by sleep were overtaken,
Our fitful dreams were, half and half, of *victory* and *bacon!*

THE BRITISH AND AMERICAN CONTINENTAL MEDICAL SOCIETY.

With a view to promote social intercourse and maintain good fellowship between British and American physicians who practice on the Continent, it is proposed to form a society under the above or some similar title.

The membership is to be limited to British and American subjects who are actually engaged in the practice of medicine abroad.

It is suggested that the Paris exhibition will attract many medical men to this city during this year. The French medical societies will hold meetings, all drug and instrument makers will show their products, and much of interest to doctors will be seen; so that it would be a favorable time to hold a first meeting here, which might take the form of a dinner (after a preliminary sitting), when it could be decided what form the present idea should take.

On receipt of answers, a local committee of ten or twelve Paris, English and American physicians will combine to make the temporary arrangements, so as to suit the wishes of the largest number as to time of meeting.

Address, DR. THOMAS LINN,
16, Rue de la Paix, Paris.

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PHILADELPHIA MEDICAL TIMES.

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MEDICAL CLINIC.

ON THE INDICATIONS FOR THORACENTESIS.

BY PROF. POTAIN,
Of the Faculty of Medicine, Physician to Hôpital de la Charité. Paris, France.
(Translated by Thomas Linn, M. D.)

GENTLEMEN,—The indications for *paracentesis thoracis* arise from very few symptoms, the most important of which are dyspnœa, syncope, abundance of the liquid and its nature, with the duration of the malady. Dyspnœa alone may be an indication to perforate the chest and evacuate the contained fluid, as it may bring on either rapid or slow asphyxia, both of which are serious dangers. You must not be satisfied with seeing the effects but search at once for the cause of them. Let us see what they usually are, and in what cases the operation is called for.

It would be a great error for you to suppose that the dyspnœa is always proportional to the quantity of liquid that is present in the pleura. Some patients with a very slight effusion

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have profound dyspnœa, while others with a considerable quantity of liquid have none at all. There are several reasons for this. When the lungs are compressed by a certain quantity of fluid the respiratory surface is that much less; but you must remember, in the normal state it is much more than is needed for proper hematosis. A man who has one lung suppressed, can still breathe enough, but he can no longer increase this function. And yet a certain exaggeration is necessary, in patients, for instance, who have a febrile action, or for those who are fatigued by work; and again others who may come under the influence of certain emotions. This may go on until the blood arrives at the medulla with an increase of carbonic acid gas, and a decrease of oxygen, which as you know produces dyspnœa. When suffocation is produced under these circumstances all you have to do is to take away the cause for it to be relieved. So you see the importance of keeping these patients away from all moral, physical, or intellectual excitement. You remember the case of the woman on whom we operated, who seemed to be all right. Well, her relations were allowed by the hospital officers to call and talk to her on some important family matter, and a considerable agitation resulted, with severe dyspnœa following under which she succumbed.

Under such circumstances the patient makes muscular efforts that bring about a disoxygenation of the tissues and the blood, with a production of an increased amount of carbonic acid gas, that cannot be exhaled and replaced by oxygen, as the lung surface is now reduced and increased efforts by the poor patient only make the matter worse and bring on asphyxia all the more rapidly. The lesson is, to order absolute calm and repose in these cases. You must also take into account the rapidity with which the effusion has taken place. You will see patients here who have fluid in the pleura, that has come on so slowly that they have got used to it, by degrees. It may even be that they have lost a large part of their muscular tissues and have become very weak, but still there is no dyspnœa and no pressing indication for thoracentesis. On the other hand, if an effusion takes place rapidly in a strong man, you will see suffocation come on quickly, as he must have a constant and abundant supply of oxygen.

Pain is a frequent cause of dyspnœa in pleurisy, when it occasions a considerable acceleration of the respiration; but here vesication, cupping, and morphine injections will get you out of the trouble without puncturing the chest. Bronchial and pulmonary complications also merit our attention, and the indications are different according as they come from the side where the effusion is, or not. When there is pulmonary congestion or a bronchial inflammation on the side where the effusion is, *never practise thoracentesis*, as you are almost certain to render the congestion greater. If, however, it is on the other side, it is quite different, as it can cause rapid asphyxia, so that it is your duty to *extract the liquid at once;* and in these cases you will give immediate relief. I have often brought patients, in this way, out from imminent danger.

So you see that the different causes of dyspnœa, make the indications for the operation vary. The second indication we said was a tendency to syncope. This is a serious complication in pleural affections, and it may be mortal at once, so that whenever there is fainting you can lay it down as a rule that it is an important indication for immediate action on your part; and it is just here that thoracentesis shows its most brilliant results.

The third indication, as I said previously, was furnished by an abundance of liquid. I hardly need to tell you that a large effusion of fluid in the pleura is more dangerous than a small one, because you know that there is not only a compression of the lungs and danger of asphyxia but also a displacement of the organs in the thoracic cage.

If the liquid is on the right side, the right auricle is compressed, and the heart is besides completely moved from its proper position. If the left side is affected, Barthez showed that there is a twisting of the inferior vena cava, and a slowing up of the blood coming from the lower limbs, therefore, stasis of the blood, leading to coagula, that may cause pulmonary embolism, or cerebral

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embolism, according to the side that is affected. A large effusion also is dangerous from its weight. When the pleural sac contains five quarts of fluid, it means about twelve pounds weight on the diaphragm, and part of this on the base of the heart, so you see how much this must interfere with the cardiac and respiratory functions. Then again five quarts of serum take longer to reabsorb than a pint.

Besides this, we have often noticed that when *we take away a certain portion, the rest is often rapidly reabsorbed.* This is one of the reasons I now advise taking away only a portion of the fluid, and waiting to see the results.

I shall not go into the question of why compression prevents absorption to-day. At all events, retain the fact that a pleural effusion is all the more difficult to be reabsorbed as it is abundant.

When is an effusion too large or when is it abundant? When it fills up the pleural sac; we have no other guide or means of judging a considerable effusion in such cases. All pleuræ have not the same dimensions, you understand, as all chests are not the same size; but even if we could state the exact quantity of liquid, we could not tell by the quantity when there was danger to the patient. It is the connection between the fluid and the capacity of the pleura that it is important to know. It should be established, in order to determine the indication for thoracentesis, and to fix the quantity of liquid that we shall take away. This is a very difficult matter for you, I know. First of all, you must establish the fact that *there is liquid in the sac.* Some German doctors find it easier to practise an exploring punction, but Franzel, who is one of their best authorities, blames them for doing so and says that, "they are very ready to do this on others, but it is not likely they would allow it on themselves." It is true that with aseptic precautions there is not much danger, still it is better not to make such operations.

Having carefully found your liquid by the signs I have often taught you, then calculate its quantity. Compare the pleural cavity to a cone that has for its base the diaphragm, and its apex the summit of the chest. The volume of a cone is given by the area of its base multiplied by one-third of its height, and this last is the superior level of the liquid, which you know how to find as it is limited by the dull percussion sound, and the commencement of sonority. To determine the base of the cone (that is the diaphragm), you know that in the normal state it is almost on a line with the nipples, and when it is drawn down, on the left side, you have Traube's sonorous or semilunar space to guide you. If the effusion is on the right side, the liver shows the way. To obtain the area of the surface of the cone you must use mensuration, as you see me do with Woillez' cyrtometer, and according to the quantity of liquid found the indication to operate is given. The duration of the malady and the nature of the liquid, are the final indications. In acute pleurisy, without complications, and with an effusion of an average quantity of fluid, it is absorbed in from fifteen days to a month; but once the disease is chronic in form, and it may be so from the start, it is no longer possible to make a prognosis, as its duration may be 3, 4, 5, 6 months; or, 1. 2, 3, 4, even *five years*, and during all this time the liquid may remain the same in character and quantity. Here you must take into account the false membranes that may form. They will thicken, and form bags for the liquid, that will prevent its reabsorption. Another trouble is the fixation of the lung, and an increasing difficulty in extracting the liquid the longer it is delayed.

When should the fluid be extracted? Woillez says that between the eleventh and fifteenth day is the right time, but you must remember that some pleurisies will cure themselves in that time.

Wait as a rule until the liquid reaches the lower angle of the scapula. Marrotte says, "Don't delay after the twenty-fifth day." I would add that if after the twenty-fifth day of treatment the liquid is not absorbed, it is best to draw it off, but if there is a rapid increase in the fluid, operate from the fifteenth to the twentieth day, and, in most cases where there is no improvement by the twentieth day, I would advise thoracentesis, unless there is fever, when it is better to delay to see what

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the results will be, while you treat the fever.

In regard to the nature of the effusion, it is always very difficult to say what it is without seeing it, but if it is purulent, however, it is your duty to interfere. Intense fever is a sign of purulent fluid in the pleura, above all when it comes on suddenly and with constant tremors. It is possible also that dirty instruments used in this operation may bring on purulency of the contained liquid, but it is to be hoped that none of you will forget to sterilize all the parts of your instruments, and also the patient's skin, before operating, as you well know its importance.

Œdema of the chest walls is another sign of purulent liquid within. As to the quantity of the liquid to be withdrawn, Professor Dieulafoy says that we must never take more than a quart away at each sitting, others say a pint; but it seems wrong to make a sieve of a patient's chest by this last plan, for certainly the amelioration would not be considerable with so small a quantity of fluid withdrawn. It appears to me the better plan is to always take away the same proportion of liquid as to its entire quantity, but in no case should we injure the pleura. So you should do, as we do in this hospital, that is, attach a manometer to the extracting instrument, to judge of the pressure. At first you will find it is positive, and then it slowly transforms itself to negative pressure, descending to zero, and on below to —1, to —6 millimetres. Suddenly the needle will bound from —3 for instance, to —6 or —8, and then you must hasten to stop the operation.

ORIGINAL ARTICLES.

RECENT MEDICO-LEGAL CASES.

HENRY A. RILEY, ESQ.
New York.

THE question whether the physical condition of a person is the direct result of an accident or the result largely of inherited defects which may have been brought out by the accident is probably the main ground of contention between the plaintiff and defendant in a large number of cases asking for damages for accidents. A case in a Louisiana Court will be of interest as holding that inherited defects may possibly not invalidate a verdict. The plaintiff's child was playing in a yard near which ran a railroad track, and some boards from a passing lumber train fell into the yard and struck the child. From that moment she became and has since remained a constant invalid, seriously affected in mind and body, her nervous system shattered, subject to headache, to attacks of nausea, and vomiting, to frequent and sudden fainting and falling fits, emaciated, indisposed to physical or mental exertion, dragging her limbs in walking and otherwise afflicted. At the time of this trial about two years had elapsed since the accident, and though slightly improved, the child continues to a great extent affected as above described. The medical testimony indicates that it is doubtful when or whether she ever will entirely recover.

If the foregoing injury and suffering has been occasioned by the accident as the legal proximate cause, it would be difficult to say that the verdict of the jury for $7500 was excessive. But the defendant maintains that the physical injuries directly inflicted upon the child were slight and unimportant and utterly inadequate in themselves to produce the disastrous results which have been manifested, that these results have been occasioned by the peculiar constitution of the child, who inherited from her mother a hysterical tendency or *diathesis*, the development of which has intervened as the operative and efficient cause of her affliction and suffering, and that the accident is not therefore the true *causa causans*—the proximate and efficient cause—casting responsibility on defendant. We are by no means satisfied that the external manifestations indicate conclusively the extent and nature of the injury received, or that the shock and derangement of the nervous center and spinal cord may not have been sufficient to produce like results in an ordinarily constituted child. It is, however, proved that the mother of the child is subject to hysteria; that hysteria is in many cases heritable; and that the symptoms of

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the child's affliction are in many instances of a hysterical character. But it is very certain that the child had never exhibited the slightest symptoms of hysteric or other constitutional disease prior to this accident.

The medical testimony does not establish that hysteria is necessary or universally inherited; and it does not appear that but for this accident Marie might have passed her entire life without the slightest development of hysteria.

Admitting, therefore, that the child had a latent hysterical *diathesis*, in order to escape liability it would devolve on defendant to show that such *diathesis* was by itself a sufficient independent cause which would have operated in producing or aggravating the damage independently of the accident.

In this defendant has entirely failed. If the hysterical *diathesis* concurred with the accident in producing the damage, in determining which of the two is the proximate cause, we must inquire which was the cause that set the other cause in motion. * * * *

Prior to this accident she had never suffered from this latent constitutional taint. But for the accident she might never have suffered from it. The accident was the direct, immediate, and efficient cause which set in motion all other causes which created or aggravated the danger; and the defendant is justly bound to answer for those deplorable consequences of his fault."

ORDINARY CARE IN PREGNANCY.

In a late Georgia case damages were asked from a railway company for injuries suffered by a pregnant woman in alighting from a car, at a point where proper facilities had not been afforded. The Judge said: "Mrs. Usry in alighting from a regular passenger train at a regular station, being slightly advanced in pregnancy was injured so that miscarriage ensued, and serious illness followed. She obtained a verdict against the company for one thousand dollars and the superior court refused a new trial. The sole ground of the motion insisted on in the bill of exceptions and argued here, is that the verdict was contrary to the charge of the court touching the duty to observe and the effect of omitting ordinary care on the part of Mrs. Usry herself at and immediately following the injury."

What we have to rule on the subject is stated briefly, but accurately, in the first and second head notes of this opinion.

"Such knowledge as we possess in respect to risks which prudent women may or may not take in the early stages of prospective maternity does not enable us to detect in the light of the record before us, the mistake of the jury, if they committed any in deciding the questions of fact with which they had to deal. The conformity of their verdict to law and to the charge of the court depends upon whether they had a correct standard of the prudent pregnant woman in their minds and whether they correctly compared therewith the conduct of Mrs. Usry. We can only hope the jury went right in both these respects, for the plain truth is we do not know whether they did or not."

It is not often that any court will acknowledge that it does not understand a matter, but it seems that the Georgia judge did not consider himself a good authority on pregnancy and its dangers.

MANSLAUGHTER FROM NEGLECT.

In a recent case in a Montana court a man was found guilty of manslaughter who went on a spree with his wife, and returning home was able to get himself into the house on a wintry night, but allowed his wife to stay all night thinly clad on the ice and snow a short distance from the house. The next morning he brought the woman to the house, but she was exhausted by the exposure and cold and died without regaining consciousness the following day. No effort was made by the man to get medical help for his wife. The court held that the circumstances fully sustained the verdict for manslaughter and said: "His drunkenness does not excuse him from the discharge of his duty to his wife as husband; nor does her drunkenness excuse him from the discharge of his duty, especially when he drinks with her and by example and precept contributes to her degradation."

UNIFORM DIVORCE LAW.

An effort is being made to secure a uniform divorce law by Amendment to

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the Constitution giving Congress the power to legislate on the subject. A bill has been introduced submitting the matter to the various State Legislatures for approval, but it is not at all likely that the present session of Congress, now nearly over, will see anything accomplished.

Perhaps, next winter there will be a better chance for favorable action. One of the legal papers in commenting on the proposal said: "To show the abominable laxity of our laws on this subject, we subjoin an extract from a newspaper purporting to give causes for absolute divorce now recognized, but we cannot vouch for its absolute correctness: "Ungovernable temper" in Kentucky; "habitual indulgence in violent and ungovernable temper," in Florida; "cruel treatment, outrages or excesses such as to render their living together insupportable," in Arkansas, Kentucky, Louisiana, Missouri, Tennessee, and Texas; "such indignities as render life burdensome," in Missouri, Oregon, Pennsylvania, Washington Territory and Wyoming; "husband notoriously immoral before marraige, unknown to wife," in West Virginia; "fugitive from justice," in Virginia; "gross misbehavior or wickedness" in Rhode Island; "any gross neglect of duty," in Kansas and Ohio; "attempt on life," in Illinois; "refusal of wife to remove into the state," in Tennessee; "three years with any religious society that believes the marriage relation unlawful," in Massachusetts; "joining any religious sect that believes marriage unlawful and refusing to cohabit six months," in New Hampshire; "parties cannot live in peace and union," in Utah; "settled aversion which tends to destroy all peace and happiness," in Kentucky.

Whether all these flimsy pretexts for separation have all of them been actually allowed by the courts as sufficient grounds for divorce is doubtful, but there is no possible doubt that in many of the states, "incompatibility of temper," is practically a sufficient cause for divorce. And what is more discouraging is that there is very little chance of improving the situation unless Congress steps in and assumes control of the whole subject. The stringent laws of one state are almost nullified by the lax requirements of its neighbor, and there is little hope for improvement so long as there are thirty-eight different Legislatures having power to legislate. If a bill submitting an amendment to the constitution should be passed by congress, it seems very probable that it would be ratified without much delay by the State Legislatures.

THE SEGMENT TREPHINE AND AN ASEPTIC TREPHINE.

By JOHN B. ROBERTS, M.D.,
Professor of Anatomy and Surgery in the Philadelphia Polyclinic.

[Read February 27, 1889.]

The frequency with which operations are now done upon the skull and brain has made apparent the need of improvement in our instruments for opening the skull. Seven years ago I published† an account of my experiments with the surgical engine, as a means of making openings in the skull; and I still believe it an excellent and safe means of effecting entrance to the cranial contents. The chief disadvantages are the expense of the engine and its liability in ordinary hands to get out of order. This latter objection held good at least in one hospital with which I have been associated.

The ordinary trephine, either cylindrical or conical, will probably be used much more frequently, therefore, than the surgical engine; hence, suggestions to improve its character are not inadmissible. The "segment trephine," described in the *Operative Surgery of the Human Brain*,* is, I think, a valuable instrument with which to deepen any portion of the groove surrounding the button of bone to be removed, without cutting along its entire circumference. The skull is often very much thicker in some parts of the area of operation than in others, and the ordinary trephine has to be tilted to avoid injuring the cerebral membranes at the points where the skull is thinnest. Tilting is not always easily done when the trephine is large and deeply imbedded in the bone.

* *Philadelphia Medical Times*, 1881–82, xii. p. 206.
† Page 78

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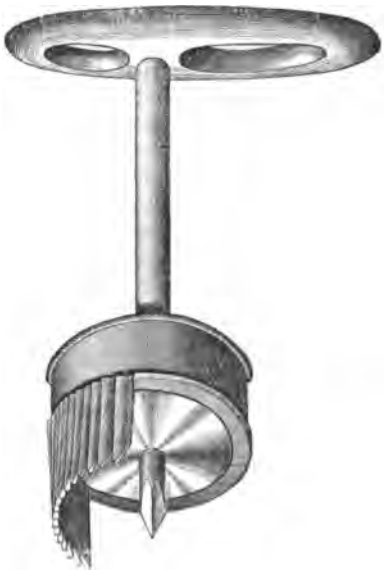
A "segment trephine," having the same radius of curvature as that with which the operation was begun, enables me to cut deeper and with great care at any selected part of the groove. The accompanying illustration renders a detailed description of the instrument



unnecessary. The cutting edge extends one-third of the circumference, and the centre-pin, not requiring retraction, may be immovably fixed to the head of the trephine. The instrument has no groove in the stem or handle to collect septic matter, and is readily cleaned.

A serious objection to the ordinary trephine is the fact that it is almost impossible to get assistants and nurses to keep the centre-pin, and the tubular stem in which it slides, perfectly aseptic. Indeed, it is difficult, with every intention of perfect cleanliness, to keep the hollow stem of the instrument absolutely clean. I have endeavored to remedy this objection by making the stem solid, and substituting for the ordinary sliding centre-pin a circular block of metal, accurately fitting into the crown of the trephine, with a point upon its lower extremity.

As soon as the surgeon has cut a grove deep enough for the teeth of the trephine to be maintained in position upon the skull, the central block is taken out of the crown of the trephine, and the operation continued as with the ordinary instrument, after retracting the centre-pin. Upon the upper surface of the block is cut a shallow slot, into which fits a slight projection from the upper part of the trephine crown. This compels the block to rotate with the rest of the trephine when the operator is making the first incision into the bone. The trephine itself is made as thin as possible, in order that the groove between the disc of bone removed and the rest of the skull may be very narrow. The button of bone, when replaced, can then be held in position more readily than if the groove is a wide one. I believe that after using a thin trephine, such as this, it at times will be well to stitch the button of bone into position by catgut sutures passed

through the periosteum, which may be allowed to remain upon the surface of the disc of bone, and upon the skull adjacent to the trephine opening.

The crown of the trephine must not be too conical, because such a trephine in cutting through the thick skull makes the outer portion of the incision a very wide one. I am inclined to think that a surgeon of even moderate skill never needs a conical trephine to prevent his plunging the instrument into the brain; a cylindrical one should be just as safe in his hands as a conical one. An advantage in having the crown of the trephine slightly conical,

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when a large instrument is used, is the less liability of the instrument becoming jammed in the groove. This annoyance not infrequently occurs on account of irregularities in thickness of the skull, especially when a large surface is included in the trephine. It is more apt to take place, I think, when the groove is made by a cylindrical instrument, which does not make the external aspect of the incision wider than the internal.

The weight of the metal handpiece can be minimized by fenestræ, or by making the handle hollow. It is best to attach the handpiece to the stem eccentrically, as suggested by Horsley; since the hypothenar portion of the palm needs a longer lever than the thenar.

This aseptic trephine, it will be seen, is somewhat similar to the safety trephine of Hopkins,[1] who suggested the use of a cylindrical block instead of a centre-pin, because of the possibility of the surgeon forgetting to withdraw the centre-pin, and, therefore, wounding the dura mater. His device contained a spring to keep the block thrust forward, and was therefore very difficult to clean. In fact, it was not constructed with an idea to facilitate asepsis, but to prevent careless puncture of the dura.

CARCINOMA OF CARDIAC ORIFICE OF STOMACH—DEATH FROM EMPYEMA AND PNEUMOTHORAX, WITH SEROUS EFFUSION IN THE SAME PLEURAL CAVITY.

BY E. R. STONE, M. D.,
of Philadelphia.

J. W. WHITE, male, aged 61, has always been a healthy and temperate mechanic, until a few weeks ago, when he has suffered from symptoms of indigestion, and want of appetite, with occasional vomiting of food. These symptoms increased, until he was examined on November 6, 1888, when his condition was as follows:

Anorexia, and inability to swallow solid food; even a morsel of bread was instantly rejected, apparently without reaching the stomach. Vomiting usually brought up a small quantity of mucus. He had not vomited blood at any time. There was no pain or soreness in the epigastrium. The tongue was heavily coated with a whitish fur and red at the tip. Bowels constipated. Examination failed to disclose anything abnormal in the abdominal or thoracic cavity. Milk and other bland fluids could be readily swallowed and be apparently digested without difficulty.

The symptoms, especially the prompt return of food, appeared to indicate some disturbance of the œsophagus, near its lower extremity, or at the cardiac orifice; and the absence of a tumor and symptoms of pressure upon other organs in the neighborhood, made it probable that the disease was within the gullet itself. As there was no history of traumatic stricture, and on account of the age of the patient, the cancerous nature was suspected.

Treatment—Bismuth, milk diet, and occasional laxatives. There was a slight improvement at first, but afterwards gradual emaciation; but no tumor, pain, nor vomiting, excepting when he would attempt to swallow a mouthful of solid food.

On December 25th, 49 days after treatment was commenced, he was seized with a severe pain in the right thorax, accompanied by fever and some cough. Friction sounds were heard in the neighborhood of the angle of the scapula. The pleurisy subsided in six days under treatment, with quinia, morphia and counter-irritation; but in three days thereafter, the same symptoms developed in the right pleura. The latter, however, did not yield to treatmen, and signs of effusion became gradually apparent. The patient, weak and emaciated from the stomach disease, became very ill and required the free use of stimulants.

On January 14, 1889, the left chest posteriorly was flat on percussion almost to the spine of the scapula, and it was evident that paracentesis was necessary to relieve the affected lung. The effusion was believed to be serous, as the fever was very moderate throughout (101° to 102°), and there were no rigors or sweats, which usually mark a purulent collection.

[1] Annals of Surgery, July, 1885.

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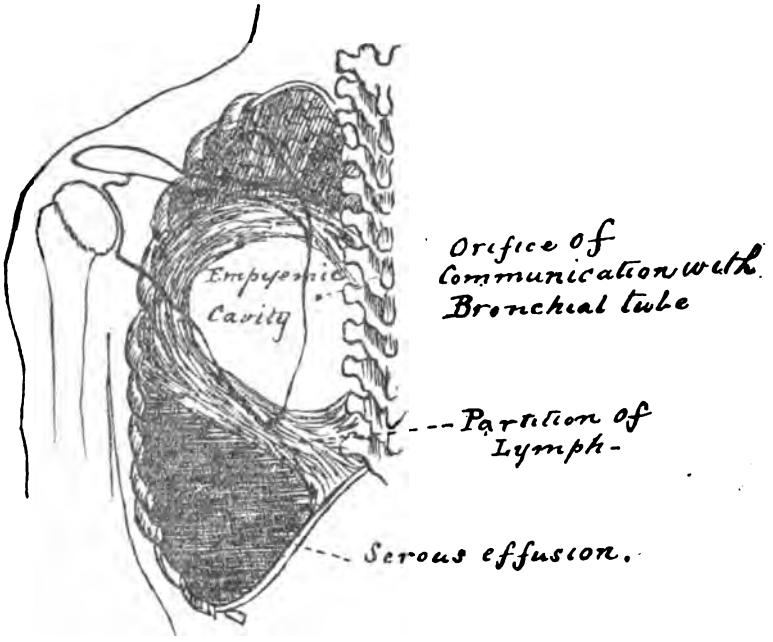
On the evening of that day, during an attack of coughing, large quantities of pus were rapidly expectorated, with symptoms of profound collapse, anxiety and dyspnœa. The chest, which in the morning was flat, was now resonant and tympanitic, and the metallic tinkling of fluids dropping in the air-containing cavity was very marked. The sign, called succussion, was not elicited on account of exhausted condition of the patient. By the next day, he had rallied somewhat, and occasionally expectorated purulent fluids. The latter soon became very offensive.

exhausted two days after, on January 20, 1889.

Post mortem examination, 24 hours after death. Body much emaciated. Pericardium and heart normal. The latter somewhat displaced to the right. *Right lung* congested posteriorly, otherwise normal. Adherent laterally and posteriorly, adhesions fresh and easily broken. Left lung adherent anteriorly and laterally (adhesions fresh). Posteriorly an empyemic cavity, somewhat circular in outlines, about four inches in diameter, and occupying a position about midway between the top and



The patient's condition remained very critical; but by January 18th, it was thought that he might bear the operation of opening the pleural cavity, as offering the only chance for benefit.

My friend, Dr. J. G. Heimen, agreeing, an aspirator needle was inserted in the seventh interspace on a line with the posterior axillary border, the pleural cavity at that point, as well as at base of the lung generally, showing signs of effusion. Much to our surprise, about 6 oz. of *serous* fluid escaped, and the patient showing signs of heart failure, the needle was withdrawn and no further surgical attempts were made. He grew gradually weaker, and died

bottom of the pleural sac. Near the root of the lung, a communication was found between the empyemic cavity and a bronchial tube; this would admit an ordinary probe. There were no tubercular deposits or other disease of the lung, excepting hypostatic congestion.

Below this cavity and separated from it by a partition of lymph was another cavity bounded below by the diaphragm, and containing about 10 oz. of blood-stained serum. It was this cavity which was tapped by the aspirator needle. The stomach was free from adhesions and occupied the usual position. It was very small, however, with walls thick-

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ened, especially near the cardiac orifice. The œsophagus was also thickened and contracted to about the size of a lead pencil. This thickening and contraction extended one and one-half inches above the cardiac orifice. Above it was normal, although somewhat dilated. The other abdominal organs were natural. There appeared to be no connection between the disease of the stomach and the pleurisy.

Dr. E. L. Vansant, of the Medico-Chirurgical College, kindly examined the stomach microscopically. His report is as follows:

"The specimen is carcinomatous; the mass of the tumor, although the infiltration is extended, is near the cardiac extremity; this is rather unusual.

"The capacity of the stomach is lessened and the walls hypertrophied."

The history of this case is published, as it presents a rare form of stomach cancer (of the cardiac orifice), the symptoms of which are apt to be misleading, those usually accompanying cancer of the stomach being in this case absent. The age of the patient, the chronic course of the disease, with the peculiar character of the vomiting were the only points on which to establish a diagnosis.

The case is also interesting as illustrating a possible source of error when the aspirator is used for diagnostic purposes. The fluid withdrawn seemed at the time to unsettle the diagnosis of purulent effusion, although the evidence of that condition was otherwise sufficiently clear.

SALOL IN LITHIASIS RENALIS, AND IN HYSTERIC PAIN.

BY WILLIAM F. WAUGH, A.M., M.D.,

Professor of Practice, etc., Medico-Chirurgical College.

IN a recent number of the TIMES, Dr. Vansant gave the results of allowing the administration of salol in several cases of vesical catarrh. The remedy proved so useful that I was led to give it a trial in a case of renal calculus.

The patient is a lady, aged 30, who has been married for twelve years. She has mitral insufficiency; which as yet allows her a fair amount of comfort. the compensation being still sufficient, Three months ago she called my attention to a pain in the left kidney and along the left ureter. The pain was first felt in the region of the spleen, but was increased by pressure on the left kidney. The pain came on every morning and lasted the greater part of the day. The urine was high colored, sometimes smoky, at others loaded with urates. Examination with the microscope showed pus and blood, and flakes of epithelium from the pelvis of the kidney. The patient comes from a family prone to urinary calculi.

For several weeks various methods were employed to give relief; but with little success. Hot applications gave but little solace; while opiates produced narcotism without subduing the pain, which was daily becoming more severe. Small doses of ether were ineffectual, while the condition of her heart forbade the resort to complete anæsthesia, and put all operative measures out of the question.

By this time both patient and physician were nearly exhausted; the former of her endurance, and the latter of his therapeutics. Finally, I determined to give her salol, hoping that the beneficial effects we had secured from it in cystitis might also be manifested in the present case. She was directed to take one of Schieffelin's five-grain pills every four hours.

The result was one of those theatrical cures which we all perhaps occasionally obtain in practice, and of which we are proud enough in our early days, but rather ashamed as we grow older; because they are not the result of knowledge, but of experiment; not the deduction of reason, but the chance hit of a sudden fancy.

From the first dose the patient began to improve. In a few days she was quite comfortable; and now, after three weeks, she has hardly a trace of pain. The urine has cleared up, and the patient begins to look bright and rosy.

I should have stated that, among other experiments, antipyrine had been given to her in doses up to forty grains a day, without any benefit.

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HYSTERIC PAIN.

There is another painful affection which I have found great difficulty in relieving. It is that which sometimes attacks hysterical women, especially near the menstrual epoch. At some part of the body—over the sacrum, along the sciatic nerve, in one of the groins or in the breast—the patient will be seized with pain resembling in intensity that of dysmenorrhœa. This will continue for hours, resisting every attempt at relief. All the ordinary anodynes prove useless; morphine is only effectual in the largest doses, and in both my cases it could not be borne at all, as its administration was followed by violent cramp in the bowels. On one occasion I was compelled to administer chloroform, and it required over eight ounces before the intensity of the attack was broken.

This patient also suffers from chronic diarrhœa, and for this I gave her salol, one five-grain pill four times daily. The diarrhœa, which appears to be due to hyperæsthesia of the intestinal mucosa, was not benefitted in the least; but the muscular pains were unexpectedly relieved. The salol was continued through the next menstruation, and the attack of pain did not appear. This experience has been repeated twice, and still there has been no attack.

This encouraged me to give the salol pills in another case of a similar character, after the attack had commenced. The relief was prompt and complete.

We thus see that, in two varieties of severe and protracted pain, hitherto resisting all measures instituted for relief excepting the use of anæsthetics, salol has succeeded completely. Should these experiences be confirmed by more extended trials, salol bids fair to become a rival of antipyrine as an anodyne. In all these cases the latter had been given without any benefit accruing.

In the Notes and Items will be found some specimens of the written questions at the recent examination at the Medico-Chirurgical College. The Commencement will be held on April 4, at noon, at the Chestnut Street Opera House.

Requiescat in pace, The Stanley Faradic Battery Co.

THE SPECIAL FUNCTION OF THE AMERICAN ACADEMY OF MEDICINE.

Address of the President, delivered at the Annual Meeting in New York, November 13, 1888.

BY FREDERIC HENRY GERRISH, A.M., M.D.
of Portland, Maine.

THERE would seem to be no need of argument to persuade any reasonable person of the necessity of something better than a mere grammar-school education as a preparation for the study of the science and art of medicine. One is not trusted to weigh our coal, to measure our fire-wood, to keep account of the provisions which we buy, without at least as much intellectual training as this; how much more elaborate should be the mental discipline of him who aspires to give us rules for the preservation of health, and to restore it, when disease has prostrated us. And yet instead of there being no necessity for argument, it is a lamentable and astonishing fact that very many persons, who are generally considered rational beings, require prolonged and powerful argumentation before they will accept this truth, which ought to be almost axiomatic; and the great majority cannot be persuaded by any means whatever. The medical opinions of the highly cultured and the densely ignorant are strongly pictured with superstition. The great unwashed think to ward off disease by means of amulets and the burning of tapers, to cure it with consecrated water and incantations; the people at the other end of the social scale are the chief patrons of the latest therapeutical lunacy, which proclaims that knowledge of anatomy and physiology is not only useless, but is positively injurious. Those who know that they would court well-merited ridicule by putting their disordered watches for repair into the hands of a mechanic, who had not devoted years to the careful observation and practical management of these comparatively simple machines, will intrust the cure of their bodies, the most wonderfully intricate mechanisms known, to creatures who boast of their absolute ignorance, and blasphemously lay claim to powers, which no human being can

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possess. It seems hopeless, therefore, in this generation, to attempt to convince the people that medicine should be regarded as a science, to be mastered only by prolonged application, and that, before entering upon its technical study, one should have had a preliminary course, designed to prepare the mind to grasp and appreciate its facts, its theories, and its methods.

There is one class of men, however, to whom the amazed and dejected observer of the attitude of the public will turn with full confidence, that from them he will derive cheer and encouragement. The medical profession, composed of men who have received the doctorate from institutions of repute, will, he is certain, declare with prompt and cordial unanimity, that, before entering upon his professional pupilage, every student of medicine must have an amount and kind of schooling, which will fit him to acquire his technical education. They have opportunities to know, better than any other class, the sad results of ignorance in physicians, and, consequently, he thinks, no one of them will do aught to favor the project of a man, who designs to begin medical study with inadequate equipment. He entertains an idea that something approaching a liberal education ought to be required; but, of course, the least demanded of the applicant will be a competent knowledge of his mother-tongue, the ability to write clearly, and to solve ordinary arithmetical and algebraic problems with accuracy, a familiarity with the outlines of political and physical geography, an acquaintance with the elements of Latin, upon which the nomenclature of medicine is so largely based, and with the fundamental facts and principles of natural philosophy, without which physiology is an impenetrable mystery. How dumbfounded will be this innocent seeker after truth, when he learns, as inevitably he must, that a very large proportion of physicians, who possess respectable diplomas, consider this minimum preparation in large part unnecessary: well enough, but far from essential to practical men, such as they are proud to esteem themselves! And they live up to their expressed belief. A youth well advanced in his teens applies to the typical physician of this sort for admission to his office as a student of medicine. The youngster, we will suppose, has been brought up on a farm, has had a few winter terms of schooling, can read and spell indifferently, cipher a little, and achieve a cramped chirography with laborious exertion of the muscles of his right upper limb and his face. The preceptor takes these accomplishments for granted, and, if the boy has the reputation of honesty, without question admits him as his student.

It is unimportant here to dwell upon the career of the youth during his professional pupilage; the incompleteness, the utter inadequacy of his equipment for the study of medicine is the feature demanding our present contemplation.

He immediately discovers that his reading leads him into a region whose inhabitants speak a language of which he knows practically nothing. Untrained in intellectual processes, he either never discovers the only true method of learning the new tongue, or indolently decides that he can absorb all that he needs by association with physicians and by reading books. The dictionary, which should be the constant companion of every student, particularly during his first year of medical life, lies neglected, or, perhaps, is never purchased; and the novice flounders about in his desultory course, splashing up technical terms as recklessly as if their only use were to impress the ignorant with an idea of the learning of a man, who can utter these ponderous words so glibly. It is this kind of physician, who always employs "pulse" as a plural, of which the singular is "pult;" who drops the final letter from "forcep," when he means one instrument of the kind; who discourses with such apparent erudition over the most trivial malady, that his patient marvels at the skill of the doctor who has quickly restored him to health, even though "all his Latin parts were diseased." Very many of our Fellows are professional teachers, and know from much observation that a slovenly conception of languages by students—most conclusive evidence of a haphazard style of thinking,—is a chief obstacle

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in the work of instruction. Having no habits of study, the pupil struggles along in an unmethodical way, and, consequently, wastes much of his time, even though he is industrious. From lack of logical training, he fails to follow the course of reasoning in many of the books which he reads, and gets perverted notions of important truths. Ignorance of the branches, which are the proper prelude to medical study, continually obstructs his progress, and at frequent intervals he is obliged to leave great gaps unbridged, for lack of material to span them. When he finally obtains a diploma, as he readily can, containing so extravagant a certification of his intellectual and moral worth, that, if he could translate it, even his exuberant conceit would blush at the untruthfulness of the recital, he enters upon his career of imposing upon a credulous public, and bringing legitimate medicine into undeserved disrepute.

Doubtless this description will appear to many minds as a gross burlesque, an intemperate and exaggerated account of a blemish in the body medical, infrequently seen and of trivial moment. But, unhappily, the story is entirely true. The public demands no education in those from whom it seeks medical advice; and the profession itself, by which is meant the great body of physicians, who are decorated with the degree of doctor, while insisting upon some technical training in those who seek admission to it, is content with a low standard for this requirement, and considers the exaction of a preliminary drill a matter of small consequence, to be evaded whenever possible. That the methods of teaching in the majority of our medical schools are strikingly faulty, the amount of instruction given far below reasonable limits, and the attainments demanded of candidates for graduation wretchedly insufficient, are facts not difficult of demonstration, and peculiarly within the domain of discussion in this society. But, at the present moment, it is well to concentrate our attention upon the indifference of the profession in the matter of education preparatory to medical study.

[TO BE CONTINUED.]

TRANSLATIONS.

GONORRHŒAL VAGINITIS.

BRENNAN prescribes for this disease, antiseptic vaginal irrigation, drying with borated cotton, and the application of a solution of chloride of zinc—10 to 25 grains to the ounce, followed by another of boric and tannic acids, equal parts, and finally, a tampon.

—*L'Union Med. du Can.*

SEROUS PLEURISY.

LARAMIE prescribes one-tenth grain pilocarpine hypodermically and half a drachm of iodide of potassium thrice daily.—*L'Union Med. du Can.*

Many maladies get well without or in spite of our help: the height of the art is to secure to ourselves all the credit of the cure.—*L'Union Med. du Can.*

VIGOUROUX advises the keeping of Lent, on the ground that it is salutary to the individual. Following the winter with its diet of strong, heat-productive food regimen, the Lenten is calculated to reduce the blood to a condition suitable for the coming hot season.

—*L'Union Med. du Can.*

IMPOTENCE DUE TO VARICOCELE.

At the Société de Chirurgie, JAMAIN stated that a man, 26 years old, was impotent, except when lying on his back, or when his varicocele was reduced by a suspensory bandage. The veins were resected and part of the scrotum removed, by Guyon's method, and two months later the impotence had disappeared.

SEGOND said that the choice of an operation must be governed by the case. Henry's operation, removing superfluous scrotal tissue without touching the veins, gives excellent results.

BERGER considered the above a case of hypochondria, and the effect of the operation simply mental.

TERRIER agreed with this view.

CHAMPIONNIERE thought that the pain in the testicle contributed to the impotence. He had found the excision of the scrotum beneficial even when it was naturally small.

QUENU attributed the impotence to disturbance of the circulation.

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HORTELOUP preferred the resection of the posterior venous fasciculus.

RECLUS favored Henry's operation, though he did not employ it in all cases. He had known atrophy of the testicle follow resection of the veins.

LE DENTU found it necessary to excise the veins; Henry's operation sometimes giving negative results.

SEGOND stated that he had had phlebitis following resection of the veins; but TERRIER retorted by saying that this showed the neglect of antiseptic precautions; and if Reclus had atrophy, he had probably cut the spermatic artery. —*La France Méd.*

ANTIPYRINE IN ENUCLEATION OF THE EYE.

Dr. Chibret recommends the subcutaneous injection of antipyrihe in affections of the eye. He finds it an excellent local anæsthetic in the operation for enucleation of the eye-ball. He uses a solution of.

℞ Antipyrin.....1 gram.
Cocain. hydrochlor.....0·02 centigr.
Aquæ destill.....2 grams.

which he injects under the conjunctiva of the ball at different points anteriorly and posteriorly two minutes previous to the operation.

He finds it serviceable in cases where an anæsthetic cannot be employed.
—*Recueil D'Ophthalmologie.*

CALOMEL AS A DIURETIC.

Masius prescribes three grains, thrice daily; adding extract of opium gr. ¼ to each dose, if the calomel purges. During the first two days the urine may be diminished; diuresis being established on the third or fourth day, when the quantity of urine excreted may reach eight or ten pints. When free diuresis has been obtained the medicine is suspended. The drug is uniformly certain in its action. Minute precautions must be taken from the first, to prevent stomatitis, especially by gargling with chlorate of potassa.

In one case of advanced nephritis, gangrenous stomatitis developed on the second day; diuresis not being manifested. Moderate diarrhœa does not interfere with the diuresis. The tension and volume of the pulse are not affected, though when diuresis occurs the heart's action is accelerated indirectly; the calomel causing the excess of liquid to disappear, and relieving compression in the vascular tract, thus permitting the blood-wave to reach the periphery with greater force. The author does not admit the local irritant action of calomel upon the renal epithelium.—*Bull. Gén. de Thér.*

ANTIPYRINE IN CHOREA.

Antipyrine according to M. Jules Simon is the medicine in chorea which has given the best results. He employs it as follows. Beginning the first day with a dose of 0 gr. 50 he increases daily by 0 gr. 50 until in children from 14 to 15 grammes is taken. Usually the remedy is well borne, and only exceptionally have certain symptoms occurred, such as swelling of the face, scarlatinous eruptions and general fatigue.

These accidents are easily avoided by giving the drug in divided doses of 0 gr. 50, at regular intervals through the day until the quantity is taken.

He advises the drug to be taken with food or dissolved in a quantity of liquid, and with these precautions has rarely had gastric complication
Revue de Thér.

QUININE AND ANTIPYRINE.

M.le Dr. Dulon associates these two remedies together. By a mixture of 15 centigrammes of antipyrine and 25 centigrammes of quinine he obtained an antipyretic effect equal to that produced by 75 centigrammes of quinine and without producing the symptoms of quinism nor stomachal intolerance.
Revue de Thér

PERFECT ANTISEPTIC.

(Rotter.)

℞ Corrosive sublimate.....	5	parts
Chloride of sodium.....	25	"
Phenic acid.....	200	"
Chloride of zinc.....	500	"
Sulpho phenate of zinc..	500	"
Boric acid.....	300	"
Salicylic acid.....	60	"
Thymol.....	10	"
Citric acid.....	10	"
Water.....100,000		"

This makes the author's strong solution. To obtain a weak solution, leave out the sublimate and phenic acid. The

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solution remains clear and transparent. Steel instruments are not acted upon by it.

BEE STINGS IN RHEUMATISM.

M. Tere indicates in the *Wiener Medicinische Presse*, a singular cause of immunity from rheumatism. It consists in saturating the system with bee stings. M. Tere had remarked that in rheumatics, the swelling which usually results from bee-stings was not produced at the first onset and that at length it was not produced at all. At this time the rheumatism would be cured.

M. Tere has applied this cure to 173 cases, which have necessitated 39,000 stings. He is said to have obtained some success in acute cases, but more in desperate chronic cases.

Revue de Thér.

[Should any of our readers prescribe this method of treatment for their patients, we would be glad to have a report of their experience: after they have succeeded in reaching a place of safety.]

HOSPITAL NOTES.

CÆSAREAN SECTION.

UNIVERSITY HOSPITAL.

BY PROFESSOR WILLIAM GOODELL.

Reported by J. B. Cassady.

AT the clinic of Professor William Goodell held at the University Hospital on Wednesday, 13th inst., the highly interesting operation of Cæsarean section upon a woman, the victim of carcinoma of the cervix, was performed before a large class of students and members of the profession. Prof. Goodell, before presenting the patient, stated she was thirty-two years old, and had given birth to eight children.

The first intimation of the presence of the malignant growth manifested was hæmorrhage from the uterus, which appeared about a year previous, when on examination the true condition of her ailment was revealed. She was admitted to the hospital last October, when the cancerous mass was curetted and thoroughly cauterized by Paquelin's cautery. About two weeks after this operation, the patient declared she had felt distinct fœtal movements within her abdomen, which was the first knowledge she had that she was pregnant. As the cancerous tumor had progressed to such an extent as to completely block up the cervix, Prof. Goodell thought it would be impossible to extract a living child per vaginam, or deliver the woman without danger to her life. At this date, through reckoning of the fœtal movements, the pregnancy lacked from one to two weeks of full time. Consequently he brought the patient before the class to deliver her by the new Cæsarean section. The patient was then etherized and placed in the dorso-recumbent position. The abdomen was thoroughly scrubbed, and under every antiseptic precaution an incision was made in the median line, extending above and below the umbilicus. A corresponding opening was then made in the womb, which was opened in situ and the fœtus revealed, with the left sacro-anterior presentation, which position had been diagnosed, and demonstrated to the ward classes by Prof. Goodell. The child was next delivered through the wound.

Although vigorous, it was smaller than the average size, and had evidently not reached full term. The uterus was then brought through the abdominal wound, and all hemorrhage arrested by an elastic tube passed around the cervix. The uterus and abdominal cavity were then thoroughly cleansed with hot water, and in the former were placed sixteen deep and as many superficial sutures. The external wound was then closed, and dusted over with iodoform, over which was placed iodoform gauze, cotton, and a bandage. No drainage was provided for as it was not thought necessary. Very little blood was lost; the patient bore the operation well. The time occupied in delivering the child was three minutes, the remainder of the hour being occupied in closing the wound.

Prof. Goodell stated the after treatment would be the same as in all cases of laparotomy. Nothing would be administered by the mouth during the first twenty-four hours. If it were deemed necessary to give nourishment, nutrient enemata would be resorted to. Opium would be avoided as much as

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possible. If fever, tympanites, or any outward symptoms presented, saline cathartics would be administered. Prof. Goodell stated he was wholly indebted to Dr. R. P. Harris, who had honored him with his presence at the operation, for the statistics he presented. One hundred and fifty-nine operations are on record as having been performed all over the world; of these forty-five terminated fatally. Twenty-five of these operations were done in this country with fifteen deaths.

UNIVERSITY HOSPITAL.

IDIOPATHIC EPILEPSY.

WOOD, at a recent clinic presented a boy aged 13 years, who gave a history of epileptic attacks at irregular but frequent intervals since May last. The attacks were attended with loss of consciousness, but not preceded by warning or aura of any kind. The patient stated that, when 8 years of age, he received a blow on the back of the head from a snowball containing a lump of coal, and since that time he suffered from persistent occipital headache until the epileptic attacks commenced, when the headache ceased. Examination of the head failed to show the existence of any scar or depression, while the vision was perfectly normal as to its field. Wood said the question to be considered was, was this a case of idiopathic or traumatic epilepsy? He was strongly inclined to believe the disease idiopathic epilepsy, as the attacks had no connection with the injury, and they commenced about the time that idiopathic epilepsy developed itself. Unless a careful study of the nature of the attacks was made, it might easily be mistaken for a case of traumatic epilepsy. He proposed to put the boy on a course of bromides.

LESION OF THE BRACHIAL PLEXUS DURING PARTURITION CAUSING COMPLETE PARALYSIS.

WOOD next exhibited a colored infant a month old who had complete motor and sensory paralysis of the left arm. The child was born after a tedious labor, the breech presenting, and great difficult being experienced in delivery of the left arm which was locked above the head. Wood mentioned that the only other lesion that could possibly cause the phenomena presented in this case, would be clot in the *locus niger* where the motor and sensory tracts crossed, but then he added, such a lesion would also cause paralysis of the leg of the same side. He concluded that the case was one of severe injury (probably rupture) of the brachial plexus from culpable negligence in the delivery of the child. Nothing could be suggested except amputation at the shoulder joint, as the limb if left on would be sure to waste.

THE TREATMENT OF SPINAL CURVATURE.

AGNEW, in discussing the treatment of spinal curvature, said: "Massage will be found beneficial in the early stages of lateral curvature from muscular disability. It is best applied before the patient goes to bed so that a period of rest may succeed the fatigue consequent on the muscular exercise. As a substitute for massage I frequently use rubber "Muscle Beaters" in the form of balls or cylinders. A form of drill is also of service, the patient being instructed to walk up and down a room with something balanced on the the head. Muscles which have been beaten or exercised in this way, should not be overtaxed by the patient maintaining the erect position. Complete rest should be insisted on. Extension by means of the chin strap and tripod should be employed three or four times each day, each seance lasting a few minutes. Strict attention should be paid to generate hygienic treatment. As the patients are generally anæmic or rickety, they should have plenty of fresh air, good milk, cod-liver oil and iodide of iron. In a large number of cases when seen in the earliest stage nothing further is necessary, but when the disease is of long standing and the curve pronounced a mechanical apparatus is necessary. The best, is a plaster of Paris jacket carefully applied and made to lace. It should be put on before the patient rises, and not removed at night until he resumes the recumbent position.

TAPPING THE SPINE AS A DIAGNOSTIC AID.

AGNEW says, "Tapping the spine is not of the slightest service to detect incipient Potts' curvature, as the disease

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begins in the anterior part of the vertebral bodies and not in the spinous processes. The best diagnostic aid is undoubtedly the local application of the surface thermometer.

PENNSYLVANIA HOSPITAL.

TREATMENT OF FRACTURES.

HUNT states that no definite rules can be laid down for the treatment of fractures, as each case has to be studied on its own merits. Some of the best results he obtained were in cases where no special apparatus was used. He lays particular stress on the importance of not leaving the fractured limb too long in a fixed apparatus, and advises the early employment of passive motion, especially where a joint is implicated.

MEDICO-CHIRURGICAL HOSPITAL.

SEMINAL EMISSIONS.

WOODBURY adopted the following treatment in a man aged 24, whose case was of long standing: Cold bathing; light, easily digested diet; no late supper to be taken; the patient to avoid sleeping on his back; thirty grs. digitalis at bed-time; a pill containing $\frac{1}{10}$ gr. phosphide of zinc and $\frac{1}{4}$ gr. nux vomica after each meal, and the cold sound to be passed once a day.

JAUNDICE OF PREGNANCY.

STEWART gives sodii phosphatis (℥j t. d.) till the stools are of a normal color.

CHRONIC MALARIA.

WOODBURY prescribed the following pill in a case of chronic malaria occurring in a girl aged 11 years:

℞ Quinidin.....gr. ij
Quininæ sulphat.....gr. j
Piperin.....gr. ½
Cupri sulphat.....gr. $\frac{1}{12}$
Ft. pil.

One to be taken three times a day, and a purgative pill to be given at bed-time. He mentioned the fact, which Waugh also lays stress on, that the liver must be well acted upon before success can be hoped for in the treatment of chronic malaria.

IRRITABLE COUGH IN PHTHISIS WITH NIGHT-SWEATS.

℞ Tinct. opii deodorat.....℥ ij
Acidi sulph. dil.....℥ j ♏ xij
Syrupi prun. Virg.....ad ℥ iij
M. et Signa.—A teaspoonful when the cough strc:tle some. *Woodbury.*

EPILEPSY.

WOODBURY, at a recent clinic, presented a man aged 30 years, a compositor by occupation, who, for a number of years, had been subject to epileptic attacks—*haut mal.* The fits were not periodic, but occurred sometimes at intervals of a week or of a month. He had a fixed delusion that, when he was nineteen years of age, he had been poisoned by wild ivy. He had been taking bromide of potassium for many years without much appreciable effect on the number or character of the fits. Woodbury indicated a general plan of hygienic and dietetic treatment, and prescribed the following pill:

℞ Zinci oxidi.....gr. iss
Zinci valerianat.....gr. j
Ext. belladonnæ.....gr. $\frac{1}{12}$
Ft. pil. One to be taken three times a day.

ACNE ROSACEA.

This disease becomes highly disfiguring in the course of time. First, the erythematous stage, which may last some years. Next the papular and pustular stage, with engorged capillaries. And, finally, you have the huge excrescences—the "Bardolphian nose"—the well-nigh incurable stage.

For a patient in the second stage, Shoemaker prescribed

℞ Extracti ergoti.....gr. ss
Ferri pyrophosphati.....gr. j
Extracti ignatiæ.....gr. $\frac{1}{16}$ M.
This for one pill, to be taken ter die.

Externally, the patient was to apply a five per cent. ointment of the oleate of mercury.

THE peanut, beloved of the gods—of the gallery, may possibly vindicate its claims to popularity, as it is recommended as a remedy for insomnia. It is said to be quite efficacious when taken, *ad lib.* freshly roasted, before retiring. It is true, the recommendation is made by a clergyman, but as it is not a new tonic made from bad whiskey, an opium cure containing morphine, or any of the other blessings to humanity usually floated on clergymen's endorsements, we need not condemn the peanut without a trial. It is certain that the free use of this nut sometimes produces vertigo and slight mental exhilaration.

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PHILADELPHIA

MEDICAL TIMES.

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WILLIAM F. WAUGH, A.M., M.D., EDITOR.

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EDITORIAL.

CIMICIFUGA.

BALFOUR (*Lancet*) relates several cases of nervous disease in which cimicifuga proved serviceable. A nervous, weakly young lady had suffered from dysmenorrhœa since the beginning of menstruation, at the age of twelve years. After the failure of many remedies, ten minims of the tincture were ordered to be taken twice daily for several days previous to the expected menstruation, and continued throughout the period. Hot fomentations were also employed, and the patient confined to bed. Great relief was experienced from the first, and in a short time, a dose or two at the beginning of the flow sufficed to keep the patient so free from pain, that it has become quite exceptional for her to be compelled even to lie down for a few hours.

In a case of severe spasmodic gastralgia, with dyspepsia recurring every few weeks, and attended with fainting fits, great improvement ensued when the patient's diet was regulated. She was kept for some days upon teaspoonful doses every twenty minutes—of milk, two parts, to one of lime water. Then she was allowed a raw egg with milk and sherry; then raw beef juice, with bread-crumbs, pepper and salt. After some time the attacks of gastralgia returned and cimicifuga was given, ten minims of the tincture every eight hours, with complete success.

In a third case, hysterical neuralgia in a girl twelve years old, he gave ten minims of the tincture every six hours and ten grains ammonium bromide at bed-time, with mustard poultices over the ovaries, which were quite tender. Improvement followed at once, and, with the use of iron and change of air, a cure was effected.

Cimicifuga appears to be more popular in Europe than in America; although it is held in high estimation here as a domestic remedy. Many years ago it was lauded as a remedy in pulmonary consumption; and several cures were reported from its use. Stillé sagely concluded that these cases were probably of chronic bronchitis; but strangely overlooked the fact that if this were true, we have in cimicifuga a gem of the first water; as chronic bronchitis is scarcely to be considered any more curable than tubercular phthisis. We have never succeeded, however, in curing the catarrhal affection with cimicifuga.

In chorea this drug has also a high degree of popularity among the laity. We have found it efficacious in several cases, but only when the fresh root was employed in decoction. In dysmenorrhœa it has not proved as useful as gelsemium or as salol; but this may have been because the fresh root was not employed.

A new edition of Dr. Louis Starr's book on Nursery Hygiene is announced for April 1. It will appear as a duodecimo, published by Blakiston.

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ANNOTATIONS.

QUOTATIONS.

A western contemporary asks the question why some of our city journals quote only from their foreign exchanges, and ignore their neighbors. This is a very natural question to ask, especially as the query comes from one who is conscious that he is furnishing equally good material in his own journal. There may be several answers to this question. Some one says it is because the foreign writers are alone worthy of credence; their work being more intelligently and thoroughly done than that of the half-educated American physicians. This is mere nonsense. There are many papers appearing in our home journals which are trash, but many more are of value; and the editor who is unable to distinguish between these is unfit for his position. It is true, if he be an editor only, and not a practitioner as well, he must judge somewhat by the name of the writer rather than by the intrinsic value of the work.

It is often said that we rush into print prematurely, giving our ideas and experience in a crude form, and that it is only after the sober judgment of Germany has been passed upon the matter that it may be looked upon as of true value. Theoretically this is very fine, but really it is only true in special instances. It would be difficult to find an American writer who has put forward more matter which has been subsequently shown to be erroneous than Unna, the *great* German dermatologist.

The TIMES quotes from any source, caring only for quality of its matter; and if at times we appear to favor the foreign journals, it is simply because these are as a rule inaccessible to our readers, while they can and should subscribe for and read the home journals. Instead of presenting our readers an epitome of the *Record*, *Register*, *Standard*, or *Index*, or of the host of other valuable publications, we would prefer to see these journals on our subscribers' tables.

ANTIPYRIN IN LABOR.

The ebb tide has set in, and bids fair to carry back all the product of the flood. We hope that there will still, however, be some "jetsam" to be picked up on the beach. PINZANI (*Gaz. degli Osp.*) concludes that antipyrin relieves the pains of labor only by lessening the force of the uterine contraction. The infants born after the use of antipyrin were also found to be specially prone to diarrhœa.

En passant, we may note the failure of cocaine in vaginal suppositories to exert any appreciable effect upon the pains of parturition, in three cases where whe have tried it.

PHENYL-ACIDS IN PHTHISIS.

Williams (*Practitioner*) contributes a paper upon phenyl-propionic and phenyl-acetic acids in the treatment of phthisis. Observations upon the tubercle bacilli were made in many cases, though no attempt was made to determine the influence of the medicines upon these organisms, owing to the great variability in the number present in the sputum from day to day. The complete and final disappearance of the bacilli is rarely observed.

We infer from this that no appreciable effect upon the bacilli was manifested, or it would have been recorded. But the fact of marked improvement in other respects without diminution of the bacilli is not devoid of significance.

Neither drug affected the temperature; which is also remarkable; especially as they are nearly allied to antifebrin.

The results were compared to those obtained by treating a similar series of cases with cod-liver oil and bitter tonics, the diet being the same. The balance is drawn in favor of the phenyl acids.

Both of these acids promoted appetite, digestion and assimilation, and the weight increased under their use.

They were well tolerated in considerable doses for long periods.

Their influence on the lungs was less marked than that on the constitution, though phenyl-acetic acid appeared to reduce cough and expectoration.

Phenyl-acetic acid seemed specially useful in tubercular cases; phenyl-propionic acid in excavation cases.

These results show that these acids are probably useful as adjuvants when antipyretics are employed.

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The observations conducted by Dr. Gates showed that the best of the antipyretics for phthisis is antifebrin, so far as the limitation of the daily temperature fluctuation is concerned. It is, however, more depressing than phenacetine, and has had no appreciable effect upon the number of bacilli to be found in the sputum. Its continued use has also been followed by colliquative sweating of unusual profuseness and obstinacy, followed by diarrhœa of the same character, in a case where doses gradually increased to forty grains per diem failed to keep the temperature below 103°.

The substitution of Marquis Lauza's formula, pills containing two grains each of antifebrin and quinine with one-eighth grain of cocaine, gave better results. Each pill produced a reduction of temperature equal to about five grains of antifebrin, and the depression of the latter was more than neutralized by the tonic effect of the other ingredients.

TANNIN IN PHTHISIS.

HOUZE (*Lancet*) has tried this drug for nearly two years, and says that the results are excellent in all stages of the disease, and especially when there are cavities. No other treatment has given as good results. He gives fifteen grains thrice daily; with the meals, if not well borne at other times. The usual claims are made of improvement all along the line.

POLYAK reports decidedly unfavorable results from the use of hydrofluoric inhalations in phthisis.

THE AUSTRALIAN RABBIT PEST.

The application of chicken cholera to decimate the rabbits of Australia has proved a failure; the animals appearing to thrive upon the microbes. The history of the destruction of locusts in Cypress might point to a method by which Australia could be relieved of her pest. The Government offered to pay a certain price for the eggs of the locust; enough to set every otherwise unemployed Cypriote to hunting for the eggs. At first, the payments were pretty heavy, but the hunters were soon compelled to push their researches farther from their homes, as the eggs became scarcer, until at last they could no longer be found, and the plague was at an end. We propose as a remedy for the rabbit pest, the Canning Factory. The rate of increase among rabbits cannot compare with that of fish, and the method which is so rapidly depopulating our salmon streams should accomplish the same result with the rabbits. Make them a desirable article of commerce, put up their bodies to feed the poor of Europe, and devise some way of utilizing their skins and fur, and the problem will be solved without resorting to the loathsome means of propagating a pestilence among them.

PHYSIQUE OF NURSES.

The *Lancet* calls attention to the necessity of lady nurses having the robust physique which will enable them to properly discharge their onerous duties. Willingness and self-denial are commendable, but these alone will not sustain the nurse through the long hours and the actual drudgery which are to be expected.

The use of the expression "lady" nurses would be a characteristic Americanism in us, but coming from our dignified contemporary it is a gracious testimonial to the high consideration in which the nursing sisterhood is held in England.

The Spring Term of the Medico-Chirurgical College begins April 12, and ends June 15. In the department of Pathology, Practice, Chemistry and Obstetrics, recitations take the place of lectures. In Practice, a thesis will be presented by each student in turn; which will be read and discussed by the class and the professor. In this way it is hoped to inculcate the habit of thorough study of a single subject, to teach the facility of expression, and to encourage the habit of criticism, which prevents too ready an acceptance of the baseless hypotheses and illy established therapeutic deductions. Should the system prove advantageous, it may receive further development. The college clinics will be held in their regular order throughout the year.

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LONDON LETTER.

THE COLLEGE OF SURGEONS AND ITS MEMBERS.

The controversy between the Council and the Members of the Royal College of Surgeons has now entered on a new phase, and a curious incident which occurred on Feb. 28th, has attracted a good deal of public attention. The "picturesque reporters," especially those of the *Daily Telegraph*, and of that eccentric print, the *English Edition of the New York Herald*, have furnished telegraphic descriptions of the scene. There is a strange medical suggestion about the whole affair. Under the existing By-laws the Council of the College is elected by the Fellows. The Fellows are a relatively small body chosen out of the general body of Members by examination, or selected by the Council; owing to the absurd character of the examination in Anatomy it is almost hopeless for any man who does not come straight from a prolonged course in the dissecting room to attempt to pass it; consequently, but few Members who have been engaged in practice ever become Fellows by examination. The business of the College is conducted and its large income and funded moneys administered by the Council. For the last few years the Members have been allowed to meet in the College once a year; they have talked over their grievances, and have passed resolutions. The Council, however, does not consider itself in any way bound by their resolutions; in fact, practically ignores them, so that the meetings are rather farcical. The "Members' Association," has obtained legal opinion to the effect that the By-laws are of no effect, being contrary to common law. To test the point, this Association convened a meeting of the Members and Fellows of the College to meet at the College buildings on February 28th. The President of the College lost his head and threatened the Honorary Secretaries of the Association with the very By-laws the legality of which was the matter in dispute. A meeting of the Council was summoned for Feb. 21st, and a resolution was then adopted that the College be closed from the evening of February 27th to the morning of March 1st. Accordingly, when the Members assembled to the number of a hundred or more, they found the gates locked; thereupon, the bell was rung; and the janitor appeared in answer to the summons, and handed through the bars a printed notice stating that the meeting would not be allowed and that the College was closed. The Members then adjourned to the Holborn Restaurant and discussed a draft bill for reforming the College. The action at law has been already commenced and the first fruits thereof is seen in the undertaking of the counsel for the President and Council to suspend the threatened punitive measure until the action is tried. Sooner or later, either in the Law Courts or the Legislature, the Members will succeed in obtaining the very moderate concessions which they ask, but to most people the agitation is somewhat dull work, the end sought appearing to be out of all proportion to the importance of the amount of trouble incurred.

THE VASO-MOTOR NERVES OF THE KIDNEYS.

Three physiological papers from the Jadrell Laboratory of University College were read at the meeting of the Royal Society, on February 21st. The first, by Dr. Rose Bradford, dealt with the innervation of the renal blood-vessels. The experiments were directed to ascertain whether the nerves were of two kinds, *i. e.*, vaso-constrictor and vaso-dilator, and were performed on the dog. Dr. Bradford concluded that the two classes did exist. The renal constrictor fibres leave the cord through the inferior roots of the nerves extending from the sixth dorsal to the second lumbar inclusive; the renal dilator fibres leave the cord at the same levels, but are most easily demonstrated at the eleventh and twelfth dorsal. He further found that the great splanchnic contains not only the vaso-constrictor, but vaso-dilator fibres for the vessels of the abdominal viscera.

THE VASO-MOTOR NERVES OF THE LUNGS.

The second paper was by Drs. Rose-Bradford and H. Percy Dean. In it the authors sought to establish the existence

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of pulmonary vaso-motor nerves. This is an important paper, containing a good deal of new matter on collateral points, but it will suffice here to say that the experiments appear to prove that, in the dog, vaso-motor nerves for the pulmonary vessels leave the cord through the roots of the uppermost dorsal nerves. Further it was shown that the pulmonary circulation is almost completely independent of the systemic, no rise of the aortic pressure being able materially to influence the pulmonary blood pressure, unless so great in amount or duration that the heart muscles and valves are unable to cope with it and actual regurgitation takes place.

THE INFLUENCE OF BILE IN DIGESTION.

The third paper was presented by Dr. Sidney Martin and the writer of this letter. We were able to prove that pancreatic digestion of starch was more rapid and complete when bile was present in the digestive mixture, and to show that this effect was due to the bile salts; the dextrin and sugar (dextrose) were both increased in amount in the proportion of 5 to 4. This is a physiological fact of a new order, since no body has ever previously been shown to favor action of an unorganized ferment; a great many bodies are known to retard their action. To the functions hitherto attributed to the bile as a natural disinfectant and emulsifier of fats, must in future be added that of hastening and otherwise favoring the pancreatic digestion of starchy foods. Whether it has a similar or any effect on the digestion of proteids we are not yet prepared to say, but this and many other interesting questions which have arisen we propose to investigate. As it is, if as appears probable, this action of the bile is as well marked in man as in the pig, ox and sheep, the observation may serve to throw important light on some intestinal and wasting diseases.

COCAINE POISONING.

The number of fatal cases of cocaine poisoning which have been recently published is considerable. By an almost incredible series of blunders, a man in University College Hospital was given twenty grains of cocaine by the mouth in one dose; the solution was intended for injection into the bladder, and even so was a very large dose, for according to a case recently reported by Dr. Alexandro Settier of Madrid, four grains thus injected (in four doses) is capable of producing very marked symptoms. Dr. Settier's patient, a taciturn old Spaniard, became loquacious and somewhat incoherent, walked unsteadily, and complained of giddiness and nausea ending in vomiting; the mucous membranes were blanched and the pulse became small and thready. The unfortunate patient treated in University College Hospital, however, drank twenty grains dissolved in one ounce of water and died in an hour. The necropsy showed that the left kidney was entirely destroyed by tubercular disease, and that the right, which had undergone physiological hypertrophy, had also become affected by the same disease. It contained a mass of breaking down tubercle and there was well marked pyelitis. It may be said that this condition of the kidneys, which must have rendered elimination very slow and imperfect, destroys the toxicological value of the case; but another case recently investigated by the Tribunal Correzionale of Florence proves that the dose was large enough to have caused death even if the kidneys were healthy. The patient was a woman, aged thirty, suffering from phthisis of one lung, who took by the mouth a fraction of a grain over twenty-three grains of cocaine. Fifteen minutes afterwards she began to wander in mind, complaining that a morsel of food had stuck in her throat, and making fruitless efforts to vomit; at the same time she became so cold that she had to be wrapped in hot blankets. The delirium increased, her face was pale, the pupils dilated, the lips cyanotic, and the pulse imperceptible. Unconsciousness supervened, and in a short time she died.

Dr. Montalli who performed the necropsy lays stress on the evidence of vaso-motor paralysis afforded by the engorgement of the parenchymatous organs, but pharmacological experiment appears to prove that cocaine produces prolonged contraction of the peripheral blood-vessels, therein differing from atropine, which it otherwise

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closely resembles in action. Cases of this kind will, of course, always be rare and accidental; but it ought to be generally recognized that for hypodermic injections, one grain is a full dose; that with that dose the full anæsthetic effect can be obtained, and that a larger dose may produce very alarming symptoms. In one case one and a third grains led to unconsciousness, lasting seven hours, and accompanied for the first five hours by clonic spasms. The best treatment is said to be inhalation of ether or chloroform, followed, when the symptoms have somewhat abated, by chloral.

PORRO'S OPERATION.

There was a short discussion on Porro's operation at the Obstetrical Society of London, on February 6th. Dr. Galabin narrated a case on which he had operated in Guy's Hospital, saving mother and child. He had chosen to perform Porro's rather than Sänger's operation because the woman had been in labor 48 hours before she was admitted into the hospital and because the uterus had probably been bruised during unsuccessful attempt to apply the long forceps. He, however, thought that Sänger's was probably the better operation even when labor had been protracted, and expressed the opinion that as yet neither Sänger's nor Porro's operation should be recommended to the family practitioner as an alternative to craniotomy, when the pelvis exceeded two inches and a half in conjugate diameter, unless there were marked transverse contraction as well. When the pelvis was narrower, Porro's operation was preferable for the practitioner to Sänger's. India-rubber tubing and a knitting needle would serve in the absence of a *serre-nœud* with the special pins, as Hegar, Kaltenbach and Tait had already shown.

Dr. Matthews Duncan objected to the treatment being varied according to the grade of the practitioner; at present craniotomy was better than Cæsarean section, because it was the safer. But a still further reduction of the mortality after that operation would probably be attained, thanks to the exertions of Sänger and Leopold, and the perfection of Porro's procedure; then, craniotomy might be entirely banished. He objected to the patient's wishes being considered an element in coming to a decision. The surgeon must decide what operation should be done and how it should be done. The patient might adopt or refuse the advice; but could not give or modify it.

Dr. Galabin in his reply took the more reasonable view that the wishes of the parents should be allowed due weight, and also urged that circumstances in regard to operator and to place made a great practical difference in respect to serious operations. Experts in a difficult operation generally performed it in a well-appointed hospital; the practitioner, called upon to perform that operation, was never so favorably placed. He had often to operate in a small, and perhaps insanitary, house, with no skilled assistants.

DIFFERENTIAL DIAGNOSIS OF TUBERCULOSIS AND TYPHOID FEVER.

The great difficulty which often exists in making the diagnosis between enteric fever and tubercular disease is well known. Dr. D. W. Finlay has again called attention to the assistance which may occasionally be obtained from the inversion of the temperature curve. Fever with marked evening remissions and morning exacerbations ought to suggest tuberculosis. It would not be safe to go further than this and say with Dr. Finlay, that it indicates tuberculosis.

OPIUM IN LINGUAL ULCERATION.

A case which illustrated the great advantage occasionally derived from the prescription of opium in obstinate ulceration of the tongue, was mentioned recently at the Medical Society by Dr. Marmaduke Shield. The patient was a man aged 56, who had ulceration of the sides of the tongue and gums for three years; there was no history of syphilis; after various other lines of treatment had been tried and failed, he was given one grain of opium three times a day and rapidly improved.

IS SYPHILIS INCURABLE?

At the conclusion of his course of Lumleian Lectures on "Syphilis and the Nervous System" Dr. Gowers expressed very strongly his opinion that

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syphilis is incurable, that is to say that there is no proof that it has ever been cured.

In one sense, the statement is a truism of medicine, and is of universal application; there is no such thing as *restitutio ad integram*, whether of organism or tissue; on the other hand, patients may recover from syphilis as completely as from scarlet fever or whooping cough. "As completely," we may say, but not more; just as scarlet fever may have so damaged the kidneys that chronic Bright's disease ultimately develops, or whooping so lowered the pulmonary elasticity that chronic bronchitis and emphysema ensue, so syphilis may do such damage to osseous or nervous tissue that they become prone to take on certain degenerative actions. Few facts in pathology are clearer than that syphilis as an active infective disease comes to an end at an early date, leaving, however, the syphilised patient liable to spinal degenerations; this is well illustrated by a case quoted by W. Hutchinson, in which a patient who was suffering from a gumma of the palate five years after the primary sore, also presented a newly contracted primary sore. As Dr. Gowers himself admits, the disease syphilis varies extremely in its natural characters. "In some patients the disease is brief; the symptoms that bring the patient under treatment may be the expiring effort of the virus, and the spontaneous cessation of the disease is ascribed to the treatment which was adopted;" while in other cases "the tendency to further manifestations at some future time, near or distant, may be so strong" that sometimes the patient's "life ends sooner than the disease," or let us say, if we wish to avoid a paradox, contemporaneously. With the qualification contained in the two quotations, much about the assertion that "syphilis is incurable" cannot be disputed; but the qualifications are all-important. "In some patients the disease is brief." The real question of importance is, "What proportion of cases, if any, are rendered brief by treatment?" Dr. Gowers, by comparing cases treated early with others not treated, has been led to question whether early treatment has any influence in preventing the late symptoms; it is obvious, however, that such a method of inquiry could have led to no other conclusion; the cases in which late symptoms occur after early treatment are *ex hypothesi*, the cases in which early treatment has failed. A controversy has arisen on the question, but it seems to me to depend upon a confusion of ideas, a failure to define what is meant by the verb "to cure." The etymology of a word is not always a safe guide to its meaning, but "cure" comes so directly from *curo* (*curare*) that it is well to recall that the primary meaning of *curo* was "to take care of," or "to look after" a thing; *curare corpus cibo somnoque* was said as well as *curare vulnera*.

PROPHYLACTIC AND SANATIVE TREATMENT OF LATE SYPHILIS.

Dr. Gowers' observations on the treatment of late syphilis were very practical, and being founded on a very extensive experience of nervous disease are valuable. He endorses the custom of subjecting every syphilitic (*i. e.* syphilised) subject, for at least five years after the date of his last symptoms, to a three-weeks' course of treatment twice a year. He gives twenty to thirty grains of iodide a day during the three weeks. When symptoms have developed, he prefers to give mercury if the diagnosis points to an inflammatory process, iodide if the diagnosis of gumma is made. Mercury he prefers to administer by inunction, a method which he believes to be more rapid and certain than administration by the mouth. He warned against the prolonged exhibition of anti-syphilitic drugs. He gives iodide of potassium in full doses for six or at most ten weeks and then stops; by long continued treatment with small doses the tissues may become so tolerant of the drug that it no longer stimulates them to resist the syphilitic process. All that can be expected from iodide will be accomplished within the period named; the symptoms which persist—the residual symptoms—must be treated by other methods; they will not yield to iodide, and the continuance of the drug may do harm. It may, however, be prudent to repeat the course, after

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an interval during which tonics have been given.

WHEN TO OPERATE IN INTESTINAL OBSTRUCTION.

Dr. Benj. Ward Richardson recommends that in the treatment of acute intestinal obstruction mild measures (purgatives, enemata, massage, etc.), might be persevered with until the supervention of fæcal vomiting, which should be taken as conclusive indication for exploring the abdominal cavity. This opinion was expressed at the Medical Society, and in the discussion, Mr. Edmund Owen pointed out that the rule would not apply to cases where the obstruction was high up, say in the jejunum, for in such cases fæcal vomiting did not occur, and both he and Mr. Bryant thought that much valuable time would be lost in waiting for stercoraceous vomiting to occur.

PILOCARPINE IN LABYRINTHINE DEAFNESS.

Mr. G. P. Field, aural surgeon to St. Mary's Hospital, speaks very favorably of the use of hypodermic injections of pilocarpine in labyrinthine deafness as suggested by Politzer. One injection is given daily, the dose used being $\frac{1}{8}$ to $\frac{1}{10}$ grain; gradually increased to $\frac{1}{4}$ grain in some cases. When the middle ear is also involved Mr. Field injects a few drops of a much weaker solution up the eustachian tube by the catheter. After injection the patient must be kept in bed or in a warm room for an hour and a half at least. When the dose is increased the patient ought to be carefully watched; weakness, excessive salivation, palpitation, throbbing, tinnitus, giddiness and impaired vision, are indications for lessening the dose or suspending the treatment. If no improvement occurs after ten days, it is useless to persevere, but where improvement is apparent the course may be prolonged to six weeks. Politzer originally recommended this treatment for recent labyrinthine disease of sudden onset, especially when supposed to be due to hereditary syphilis; but Mr. Field does not endorse this statement, and his cases show clearly that pilocarpine may be of great use in cases not coming within this category. The most convenient strength of the hypodermic solution is four per cent. The minimum dose of this is three minims.

An agitation has been commenced for the creation of a University for Wales. There is no medical school in Wales, but a considerable number of medical students obtain education in the preliminary sciences at the Welsh colleges; the education given by these colleges is good, and owing to the large government grant, which, it is said amounts to £26 a head, it is also cheap.

On February 8, Sir William Jenner, Sir Joseph Lister, Professor W. T. Gairdner (of Glasgow), Dr. S. Weir Mitchell, and Professor Von Nussbaum, were elected Honorary Fellows of the Clinical Society, on the nomination of the council.

QUININE HAS BEEN FALLING IN PRICE FOR MANY YEARS.

At the commencement of the Russo-Turkish war it touched twelve shillings and sixpence an ounce. It has steadily declined ever since until it reached a year or two ago, the then unprecedently low price of two shillings and sixpence. Some speculative purchases for the rise produced a check in the fall at this point, but the stocks were very large and over-production continuing the price began to decline once more until during February, 1889, a sample of German quinine, from an inferior maker, it is true, but good of the sort, was sold in Mincing Lane for one shilling and one penny. The enormous amount of cinchona bark grown in Ceylon is said to be responsible for the overstocking of the market; and that this is the opinion of the Ceylon planters is shown by the almost complete abandonment of cinchona cultivation on that island in favor of coffee or tea. Manufacturers' stocks in Germany and merchant's stocks in London, which in the centre of the drug market, are so enormous that it may be many months, even years, before the market takes fright. Then the price will, no doubt, go up with a bound, and quinine will once more become a serious item in hospital drug-expenditure.

The next triennial award of the Astley Cooper Prize (£300) will be

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made in 1892 to the author of the best Essay or Treatise on "The Influence of Micro-Organisms in Inflammation."

It must be sent to Guy's Hospital on or before January 1st, 1892, and addressed to the Physicians and Surgeons of Guy's Hospital. Each essay must be distinguished by a motto, and accompanied by a sealed envelope containing the name and address of the author. DAWSON WILLIAMS, M.D.

LETTER FROM CINCINNATI.

THE Cincinnati College of Pharmacy held its seventeenth annual commencement at Musik Verein Hall on the evening of March 14. Following the exercises the usual banquet was given. There were 18 graduates this year.

The commencement exercises of the Cincinnati College of Medicine and Surgery were held in the Scottish Rite Cathedral, Feb. 26, where they graduated 32 Doctors of Medicine. This is the largest class to leave this institution for some years. Dr. R.C. Stockton Reed made the address of the Dean and the valedictory address was given by Dr. C. A. L. Reed.

The commencement of the Ohio College of Dental Surgery was largely attended at College Hall, on the evening of March 4. Sixty-five Doctors of Dental Surgery were graduated. The address was made and degrees conferred by Dr. C. R. Taft, as Dr. George W. Keeley, President of the Board of Trustees, had died within the last year. The address to the students was delivered by Mr. E. D. Warfield, the oration by H. M. Paxton. Prof. H. A. Smith, dean of the faculty awarded the prizes, and the exercises were followed by a banquet at the Burnet House for the graduates, faculty and alumni.

An amusing incident occured at a recent meeting of the Academy. A gentleman was making an earnest speech advocating conservatism in gynecology. He cited a case in which a patient had her ovaries removed, but she continued to suffer. She fell into his hands and he did everything possible to relieve her but nothing availed to assuage her pain. "Gentlemen," he said increasing in earnestness, "this lady is now in her grave and is suffering more than ever before." This speech was greeted with roars of laughter, but with increasing gravity the speaker said, "Gentlemen, you may laugh as you please, but I repeat it, her suffering is no greater than before."

The Miami Medical College, at its commencement at the Odeon, on the evening of the 6th of March, graduated a class of 22. The remarks by the Dean, Dr. Wm. H. Taylor, were followed by an address from Hon. W. H. McGuffey, President of the Board of Trustees. The valedictory address was delivered by Dr. Byron Stanton, Professor of Gynecology. Dr. Stanton discussed the care of the public health, which field is in his line as Health Officer of the city. The Faculty Prize, $100.00 in gold, was awarded to Dr. H. E. McVey of Mount Blanchard, O. The largest and most enthusiastic meeting of the Alumni for some time was held at the Burnet House, where a very enjoyable banquet was given. The Association elected as President, Dr. L. M. Buckwalter; Secretary, Dr. J. C. Oliver. The retiring president, Dr. W.C. Chapman of Toledo, made a very interesting valedictory address. Dr. Dan. Millikin of Hamilton was an excellent toastmaster, and the responses to the various toasts were made in the happiest vein. Two members of the association were expelled for advertising.

At the seventieth annual commencement of the Medical College of Ohio, 86 Doctors of Medicine were graduated. This was held in the Odeon on March 7, Dr. W. W. Seely made some short, pointed remarks as dean of the faculty. He was followed by the address of the president of the board of trustees, Hon. Wm. H. Dickson, who delivered the diplomas. This speaker paid his respects to the neglect of the duties of the politician by physicians. His interesting address urged more attention to the affairs of the country by doctors and the assumption of an active part therein. The Faculty Prize for the best final examination in all departments was captured by Dr. Erwin O. Strachley of Cincinnati. Dr. Forchheimer, Professor of Physiology and Diseases of Children, delivered the valedictory address, advocating his subject, Specialism in Medicine, with many good arguments.

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The Alumni of the Medical College of Ohio, met at Memorial Hall the afternoon of March 7. An address was made by the President, Dr. S. J. Spees, of Hillsboro, O. "Politics and the Doctor," was the subject of the annual address, delivered by Dr. Miles F. Porter, of Ft. Wayne, Ind. The matter of the publication of the early history of the college from 1819 to the present time was placed in the hands of a committee.

At a recent meeting of the Academy, a report was made by a gentleman on the radical cure of hernia. His paper was very able, and was listened to with close attention. At the end he wished to show three male patients on whom he had operated successfully. Two lady members of the academy were present, and the men positively refused to exhibit unless the ladies absented themselves. The president descended from his chair and asked the ladies to be kind enough to retire, which they did. The patients then took their stand on the rostrum, and were inspected by all present who wished to do so. The discussion continued, and all went merry as a marriage bell, unconscious of breakers ahead. A the next meeting one of the ladies having taken offence at being deprived of her inalienable rights, immediately after the reading of the minutes, took the bull by the horns and demanded why this was thus. The president blushed clear to the root of his hair, which, by the way, is a long way, and tried to satisfy the feminine M.D. with an evasive answer, which was rendered all the more transparent by the diffidence with which it was given. This, instead of proving a mollifier, was more in the nature of fire to powder, and the onset was more terrible than ever. The lady asked with renewed emphasis why she was requested to withdraw and still remained unsatisfied when the president told her after various unsatisfactory answers had been attempted, that the men refused to exhibit themselves unless the ladies were absent. She said, if ladies were not allowed all the privileges of the academy, she thought they should pay only two dollars annually. She also supposed the ladies would be excluded from a supper which the members talked of soon giving. The election of officers followed as soon as quiet could be restored, and the lady was run for several offices, which made her very angry, and the president voted as a result of her indignation added fuel to the flame. Truly, it is good for brethren to dwell together in unity, and men and women in mutual peace and amity in medical societies. E. S. McK.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is by means of a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

JABORANDI IN ERYSIPELAS.

The treatment of erysipelas by jaborandi leaves nothing to be desired. Jaborandi is as much of a specific as quinia in malaria. I have tried it in three cases this winter, all of them severe. In one complicated with implication of the buccal and naso-pharyngeal mucous membrane in a pregnant female, where abortion was threatened, its effects were prompt, and the reduction of the temperature and all alarming symptoms immediate. In this case, its alkaloid were given hypodermically with morphia.

I also used it in a case of puerperal peritonitis, where I had reason to believe that erysipelas was the infective principle. The temperature came down very slowly, but the typhoid symptoms were improved immediately. The slow fall of the temperature I attributed to the excessive pelvic exudation, which bulged the posterior wall of the vagina, and pressed the upper part of the rectum firmly against the sacrum. I know the exudation was peritoneal, because in the sitting posture there was dulness and the impulse of fluid given to the hand in the lower part of the abdomen, above being tympanitic, and the dulness changing with posture. It was a primipara, with no history of ascites or œdema previous to her confinement

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Her attendant, a very intelligent practitioner, informed me that there was no fluid to be detected during, or shortly after, her delivery, except what was contained in the uterus.

Of course jaborandi was not the only drug used in this case: morphia, whisky, digitalis, turpentine stupes, hot vaginal injections, and abundance of milk made up the treatment.

I visited her yesterday, March 11, three weeks after her confinement and sixteen days from her first illness, and find all trace of exudation gone, but some tenderness about one of the broad ligaments yet. She is only taking a general tonic now (iron, quinia and strych.) and will soon be able to do her work.

A. G. OSTERMAN, M. D.

Dudleytown, Indiana.

To the MEDICAL TIMES:

My attention has been drawn to an article in the *Philadelphia Medical Times* of July 10, 1886, and to another in the same journal for March 1, 1889, both by Thomas G. Morton, M.D., in which he attempts to make a claim of discovering or participating in the discovery of asymmetry in the length of the lower limbs of the same person.

Will you, therefore, please make the following statement in correction of such claim:

1st. The discovery of asymmetry in the length of the lower limbs in the same person was made by Willam C. Cox, M.D.

2d. Dr. Morton did not assist in any way whatever, in the discovery, nor in the original work of investigation; all the assistance required being kindly furnished by Dr. Arthur V. Meigs, in confirming my measurements.

3d. The man of whom Dr. Morton speaks as being the first case may have been such to him, but the one which first called attention to the subject and with which the investigation began was a woman.

4th. The manner in which Dr. Morton's mind was "accidentally directed" to the occurrence of what he terms "Normal Asymmetry" was by my announcement of the fact to him.

5th. Prior to my investigation of the subject of asymmetry in length of opposite lower limbs with reference to its surgical application, I had already taken the measurements of a number of uninjured persons and noted the differences as curious and worthy of note. Probably this fact led to my suspecting asymmetry as being general and to the systematic investigation of it.

6th. Dr. Morton himself, in 1880, in an article on this subject in "Surgery in Pennsylvania Hospital," page 288, says: "We wish, therefore, to make a claim of priority for the Pennsylvania Hospital, and especially for Dr. Cox, in the discovery and full surgical appreciation of the fact that asymmetry as to length of the lower limbs in the same person is the rule and not the exception."

It will thus be seen that at this time no thought of claim as discoverer appears to have existed in his mind and any such afterthought must have come about from his investigating the application of asymmetry to deformities, etc., and forgetting that it was the application for which he could claim credit, but not the discovery.

WILLIAM C. COX, M.D.

Easton, Pa.

Editor MEDICAL TIMES:

In a case of incipient phthisis—family history *very bad*—male 26 years—first hemoptysis—not much cough—no hectic—good appetite and sleep—pulse 76—heat 100°—habits good—rather intelligent: What would you use?

Shall I try copper, or creasote, or iodoform, or lime, or arsenic, or hypophosphites as a direct remedy? Of course I shall attend to secretions and digestion, and avoid much drugging; but I ask what one or two remedies would you advise me to push in the light of present experience.

I write to ask this favor of you to help me to decide in half-a-dozen very similar cases.

What do you find best for the diarrhœa?

Glenwood, Ind., Feb. 27. JAS. LOW.

[I would give acetanilide or quinine to reduce the fever, and cod-liver oil in the shape most acceptable to the patient, and in large doses. I have had little to encourage me in the use of iodoform or creasote, and have no experience with copper. Nitrate of silver has thus far served me best for the diarrhœa.—W. F. W.]

The envious may die, but envy, never.—*French Proverb.*

Children's virtues bring new wealth to the parents.—*Tamil Proverb.*

A hired horse and one's own spurs make short miles.—*Dutch Proverb.*

When the bee sucks it makes honey; when the spider, poison.—*Spanish Proverb.*

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REVIEWS AND BOOK NOTICES.

THE SKIN DISEASES OF INFANCY AND EARLY LIFE. By C. M. CAMPBELL, M.D., C.M. Edin. London: Baillière, Tindall and Cox, 1889. 12mo. pp. 202.

On the whole Dr. Campbell is justifiable for having written this book. As, he says, the practitioner is often called upon to treat the skin affections of infancy, and it is of some advantage to have a concise manual treating only of those diseases to which infants are prone. The author does much to simplify his subject, by viewing the various affections from the physiological standpoint. Thus, he finds two factors underlying eczema: a vulnerable epidermis and exhausted tonicity of the vessels of the papillæ, with consequent hyperæmia. So, also, strophulus and congested gums result alike from the general irritability. The importance of studying these affections, as often furnishing the key to the future life of the individual, is well and wisely insisted upon. In this connection he speaks of the change from the intrauterine surroundings of the skin to those after birth, and the evil effects of unnecessary washing, with its adjuncts of soaping and rubbing. Perhaps we may at some future time reach such a pitch of civilization that we will appreciate the inunctions practised by the Greeks.

The few remarks on diet are commendable, but might have been expanded with advantage.

In the descriptions of disease and in the treatment, Dr. Campbell has succeeded admirably, giving the credit due to authorities without following them slavishly; and when he disagrees with them, he gives his reasons succinctly, without wasting space in argument. For instance, he does not believe that lupus and tuberculosis are identical, and, citing lupus of the pharynx, says that it is nearly or quite painless, that deglutition causes no pain, and its course is slow, tending to spontaneous cicatrization. In tuberculosis we have always pain; dysphagia, and a course running rapidly on to death; still, it must not be forgotten that tuberculosis of the pharynx, occurring late in a case of pulmonary tuberculosis, would be likely to run a different course than when it occurred primarily.

The language is perspicuous, with an evident tendency to Saxon and to homely phraseology. Sometimes this amounts to inelegancy, as on page 11, where he says: "It is hard to say exactly the share which this condition has in the final result;" meaning that "it is difficult to determine," etc.

In the chapter on erysipelas we are surprised to find no mention made of the remarkable power of *pilocarpus*.

More effectual means for preventing bedsores exist than those he mentions. The treatment of acne might be improved, and we must regret, in a book so admirable in other respects, that the author persists in classifying zoster with herpes. The chapter on eczema is worth the study of any practitioner; and the same may, in fact, be said of the whole book.

PAMPHLETS.

"The Electrolytic Decomposition of Organic Tissues." By George H. Rohé, M.D., Baltimore.

"Railway Injuries." By Charles W. Brown, M.D., Elmira, N. Y.

"Some Recent Developments of the Germ - Theory." By R. Shingleton Smith, London.

"How Micro-Organisms enter the Body." By George N. Kreider, A.B., M.D., Springfield, Ill.

"Food *versus* Bacilli in Consumption." By Ephraim Cutter, M. D., LL.D., New York.

"Osteotomy for Anterior Curves of the Leg." By De Forest Willard, M.D., Philadelphia.

The Pennsylvania State College Agricultural Experiment Station. Bulletin No. 6. January, 1889.

"A Contribution to the Study of Bone-Repair." By John S. Miller, M.D., Philadelphia.

"Ecchondroses of the Septum Narium and their Removal." By Carl Seiler, M.D., Philadelphia.

Subacute Progressive Polymyositis. By George W. Jacoby, M.D., New York.

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ABSTRACTS.

SYPHILITIC PHTHISIS.

The characteristic signs and symptoms which distinguish the syphilitic form of the disease are chiefly an absence of well-defined physical features in its earlier stages; frequently the only evidence of the disease being a wavy respiration or an impaired respiratory sound. However, when crepitation appears, it commences suddenly, and is usually of a loud, moist character, and may diffuse itself very rapidly over the whole side of the chest. Hæmoptysis is generally a prominent factor; there are no persistent, well defined fever and night sweats; the expectoration is frequently tough, white, stringy and abundant; the patient, as a rule, is anæmic, subject to diarrhœa and vomiting; the marked anorexia and wasting do not appear early; and any change which occurs in the course of the disease, either toward recovery or death, is generally more marked and sudden than in the ordinary form.

The absence of fever, or the tendency of the fever to assume an irregular or abnormal course, I regard as one of the most valuable symptoms in differentiating this form of phthisis. Whenever I meet with a constant low temperature in such cases, my suspicion of infection is always aroused, in spite of the absence of other satisfactory evidence.

—MAYS, in the *Polyclinic.*

TRANSPLANTATION OF THE CORNEA.

Dr. Baker has an interesting article in the *Amer. Jour. of Ophthalmology*, January, 1889, entitled "Some remarks on transplantation of the cornea and allied subjects," in which he goes over the history of the attempts to restore vision by such procedure from the first by Reisengir in 1824, Wartz in 1844, Plowiez 1845, later Powers, De Wecker, Dürr, Wolfe, Von Hipple, etc., up to this date, and from his experience as well as that of all others who have made these operations he arrives at the assumption:

1st. The cornea when transplanted, either by the methods of Dürr, Wolfe or von Hipple, will become adherent.

2d. That by any of these methods the graft will remain clear for a short time, but eventually become opaque in the vast majority of cases. Frequently the eye becomes soft and phthisis bulbi will result.

3d. There is some common cause for failure either inherent in the eye operated upon, the grafts themselves, or the method of operation.

This is a matter that will demand the attention of all in future experiments and operations made in this direction.

4th. Glowing newspaper reports of successful corneal transplantation should be taken *cum grano salis.*

5th. Other methods of treating corneal opacities should be re-investigated, especially the scraping of opacities and daily friction as recommended by Dr. Danzyis, and the central cauterization of the cornea by the galvano-cautery loops, as recommended by M. Louis Vacher; also the pricking of the cornea, galvanism, subconjunctival injections, all of which have proved beneficial in the hands of many operators. This may even prove a more fruitful field for investigation and experiments than corneal transplantation.

(We would also suggest electricity and massage, two methods of treatment which have materially cleared up some very opaque corneas in our hands.)

DURAND reports, in the *Buffalo Med. and Surg. Journal*, a case of alarming collapse, following the administration of a rectal enema of one pint of a carbolic acid solution (1 to 50). He appears to think the enema caused the collapse by irritating Meissner's plexus; but it may be questioned whether the large quantity of carbolic acid—over 2½ drachms—may not have been the toxic agent.

Pilocarpine. This speedily relieves the itching of jaundice, when injected in doses of gr. ⅓. It also relieves the lightning pains of locomotor ataxy.

Antipyrin. This drug is likely to achieve a permanent reputation for abnormal nerve discharges, chiefly of the paroxysmal neuroses. Such are migraine, dysmenorrhœa, pyrexia perhaps, chorea and pertussis.

Strychnine. Given hypodermically, it is useful in heart failure, alcoholic

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peripheral neuritis, with saturnine toxæmia, general paresis with the reaction of degeneration, and incontinence of urine. —*British Med. Jour.*

MISCELLANY.

AMERICAN WOOLENS.

IT has always appeared enigmatical to us that goods could not be made on this side of the Atlantic of pure and unmixed wool. At least, the assertion has been freely made, and has gained credence, through lack of contradiction, that no goods are to be obtained for underwear which have not an admixture of cotton, excepting those which are imported.

We are strongly of the opinion that American ingenuity is fully capable of producing anything for which there is a demand; anything men want and are willing to pay for; and when we were informed that a Philadelphia firm was claiming to manufacture pure woolen underwear, we accepted its invitation to come and see for ourselves. Accordingly we paid a visit to the factory of the Way Manufacturing Company, L't'd, on Second street above Columbia avenue, and the woolen mill opposite. We saw the wool as it came from the sheep's back, followed it through its entire course—cleaning, carding, spinning into yarn, winding, weaving and making up into the garments. Finally, we procured a suit of the underwear from the agent, M. J. Bailey, at 1225 Chestnut street, and examined the material with the microscope. We are consequently in a position to say that these goods are pure wool, unmixed with cotton; of better cut than the ordinary imported garments, and are sold at much lower prices. This last is an important point, as the great value of the exclusive use of wool in clothing has been rendered nugatory to the majority of the people by the great cost of the imported goods. We hope the Way Company will meet with such success that they will extend their works to the production of other woolens besides underwear. In the meantime, we recommend our readers to do as we have done: take the trouble to investigate for themselves the truth of the claims which this company makes.

COTTON-SEED OIL.

We referred some months ago to the use of cotton-seed oil as an article of diet, and the advisability of substituting it for lard. The objections to the latter are well known to every physician; but heretofore it has not been easy to find a substitute for it. Some years ago a Philadelphia house attempted to place cotton-seed oil on the market under the name of "olive butter." The cooks of Europe are accustomed to use a liquid oil for culinary purposes and with them there would have been but little difficulty in introducing this product. It is well known that the fried oysters for which a certain Philadelphia restaurateur has become noted, owe their excellence to the olive oil in which they are cooked.

But the cooks who rule in American households are not accustomed to liquid oils, and would have none of it. Although intelligent women succeeded in substituting it in nearly every instance for lard, the masses could not be induced to try it; and olive butter seems to have gone out of existence.

But it is one characteristic of our busy race that if there be a difficulty of this sort, even when founded on ignorance, prejudice or fashion, the means must be devised for overcoming it. Since the cooks require that fats for culinary purposes must resemble the lard which they are accustomed to use, the cotton-seed oil must be made into an artificial lard before they will use it. This has been done, as the *Cincinnati Lancet-Clinic* informs us, and a company has been formed for that purpose. It behooves us, as physicians, to use our influence to further the use of this substance, which we must look upon as a distinct sanitary reform.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING MARCH 19th, 1889.

P. A. Surgeon E. H. Marsteller detached from Monitor at Richmond and wait orders.

P. A. Surgeon A. G. Cabell detached from the Naval Hospital, Chelsea, Mass., and ordered to Monitors at Richmond.

P. A. Surgeon Walter A. McClurg promoted to rank of Surgeon.

Surgeon H. J. Babin detached from the "Mohican," proceed home and wait orders.

Surgeon G. P. Bradley ordered to the "Mohican."

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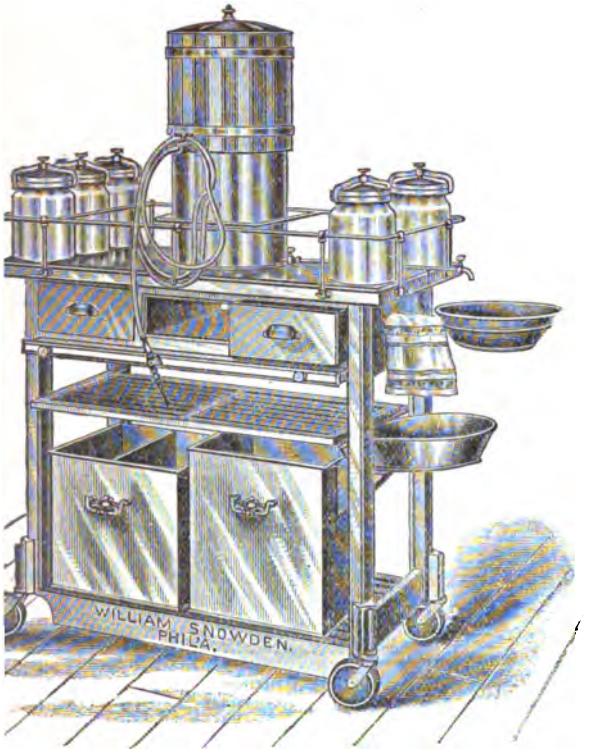
THE WARD DRESSING CARRIAGE

Presented to the Medico-Chirurgical Hospital by Miss Brown, as a memorial of a deceased friend.



TOBACCO.—BOSWORTH, in the *Medical Record*, contributes a paper upon the use of tobacco, from his standpoint. He says that in a practice of twenty years, largely devoted to treatment of diseases of the upper air passages, he recalls but exceedingly few cases wherein he has found it necessary to interdict the use of tobacco. His object is to suggest the abandonment of the idea that tobacco is a drug whose use is pernicious in every way to body, mind, and morals, but rather that it is one of God's good gifts to man; a "virtuous herb, divine, rare, superexcellent tobacco," when properly used. He gives a very interesting account of the early opposition to the "weed;" which reminds the historical student of the manner in which tea, coffee, vaccination, the germ theory, common sense, and Christianity itself, have had to fight their way forward against the combined opposition of every interest that could be brought against them. The history of each is the same. Exceptional cases have been made the basis of universal condemnation; instances of gross abuse have been cited as arguments against the use of the article. When we say that to some persons tobacco is poisonous; that some, perhaps many, use it to excess, and that the vast majority derive no injury but much comfort from its employment, we have told the whole story.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MARCH 10, 1889, TO MARCH 23, 1889.

By direction of the Secretary of War, Colonel Jedediah H. Baxter, Chief Medical Purveyor, will proceed to New York City on public business connected with the Medical Department, and on completion thereof return to his station in this city. Par. 18, S. O. 57, A. G. O., Washington, March 11, 1889.

MAJOR CHARLES R. GREENLEAF, SURGEON U.S. Army.—Is appointed Member of Board to meet in this City on March 11, 1889, for the purpose of revising the blank forms, now in use in the Army, and preparing the "Book of Forms" for issue. Par. 13, S. O. 55, A. G. O., Washington, D. C., March 8, 1889.

By direction of the Secretary of War, the leave of absence granted Captain Richard C. Newton, Assistant Surgeon, in S. O. 2nd mo. 2, Nov. 21, 1888, is extended to include May 22, 1889. Par 17, S. O. 64, A. G. O., Washington, March 19, 1889.

The resignation of Captain Richard C. Newton, Assistant Surgeon, has been accepted by the President to take effect May 22, 1889. Par. 18, S. O. 64, A. G. O., Washington, March 19, 1889.

By direction of the Secretary of War, Captain Robert W. Shufeldt, Assistant Surgeon, having been found incapacitated for active service by an Army Retiring Board, is granted leave of absence until further orders on account of disability. Par. 7, S. O. No. 56, A. G. O., Washington, March 9, 1889.

By direction of the Secretary of War, Captain Richard W. Johnson, Assistant Surgeon, is relieved from duty at San Carlos, Ariz., and will report in person to the Commanding Officer, Whipple Barracks, Ariz., for duty at that station. Par. 15, S. O. 57, A. G. O., Washington, March 11, 1889.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING MARCH 16, 1889.

ASSISTANT SURGEON, FREDERICK A. HESLER detached from Naval Hospital, New York, and ordered for examination preliminary to promotion.

ASSISTANT SURGEON, FREDERICK N. OGDEN ordered to Recg-ship St. Louis Navy Yard, League Island.

ASSISTANT SURGEON, PATRICK H. BRYANT detached from Recg-ship St. Louis and to the Naval Hospital, Chelsea, Mass.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING MARCH 23, 1889.

SURGEON W. G. FAREWELL.—Detached from the Receiving Ship "Franklin," April 1, and to the Naval Hospital, Norfolk, Va.

SURGEON R. A. MARMION.—Ordered to the Receiving Ship "Franklin."

SURGEON N. McP. FEREBEE.—Detached from the Naval Hospital, Norfolk, Va., and placed on waiting orders.

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PHILADELPHIA MEDICAL TIMES.

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ORIGINAL ARTICLES.

THE SPECIAL FUNCTION OF THE AMERICAN ACADEMY OF MEDICINE.

Address of the President, delivered at the Annual Meeting in New York, 13th November, 1888.

BY FREDERIC HENRY GERRISH, A.M., M.D., Of Portland, Maine.

[*Continued from page 448.*]

The deficiency was long ago recognized by thoughtful men, indeed it has always been appreciated in some degree; and the dissatisfaction of those who saw clearly its lamentable results found frequent expression in various channels. National, state and other societies were often addressed on the subject by their presidents and orators, committees were appointed to devise plans for reform, and resolutions were adopted generally, if not invariably, without dissent. But the desired change did not appear. It is not difficult to induce an association to put itself on record to the effect that the standard of preparatory education must and shall be elevated; it is quite another thing to persuade the individuals composing the organization to act in accordance with this declaration.

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To the greater number of members, the idea presented by one or two earnest men seems commendable, and they vote with that display of enthusiasm which good natured people are wont to show for a project in which they do not feel themselves especially concerned, and for which they are under no obligation to make any exertion. The echoes of their applause hardly die away before they disperse to their homes, and being removed from the sustaining atmosphere of the meeting, most of them lapse into their old slipshod ways. Their behavior reminds one of the riotous demonstrations of delight of the occupants of the galleries, when the hero of the drama pronounces some virtuous platitude. We hope that they are actuated in their daily lives by the holy motives for which they evince such admiration; but we have our fears that their practical morals are not blameless.

Few men have the hardihood to array themselves openly on the side of convicted ignorance, and therefore those members who inwardly dissent outwardly agree; but they wilfully persist in their vicious courses in private.

It is well that societies take such action. A main reason for their not effecting more is that the intervals between their declarations are too long, and the impression made at one time is nearly or quite effaced before another blow is struck. And so the reform is deferred.

Until a very recent period, any male of the human species who was apparently not less than seventeen years old, who would pay the stated fees, and whose complexion was sufficiently Caucasian, found no difficulty in entering even our most celebrated schools. Only females, children, the moneyless and negroes were excluded. Candidates for admission were not compelled to show the possession of the slightest knowledge. A few years ago, a small number of schools, after a prudent period of warning to those who contemplated medical study, established a preliminary examination. Generally, no pretence of a high standard was made; a grammar-school education only was required. But, though it was so insignificant an exaction, it made a difference in the attendance which is almost incredible to one not entirely familiar with the attainments of the average medical student. So great was this falling off that one of the largest schools in the country, for many years so prosperous that it evidently thought itself entirely secure in the affection of the profession, found its patronage shrunken in one year so alarmingly that it beat a hasty and ignoble retreat to its former position, and thereafter, as previously, put a premium on incapacity and dullness. The executive officer of one of these schools, which adhered to its advanced professions, says that he receives more letters of inquiry about the examination than about all other matters relating to the school. The number who are rejected at the examination is small compared with that of those who refrain from coming for fear of rejection. And thus the school has to witness the growing material prosperity of a rival institution which requires only cash of applicants, while its own classes are dwindling.

The movement towards a better preparation for technical training made little progress for some time, when, all at once, the circulars of many schools burst forth with the announcement that students must demonstrate their fitness for medical study. Had the leaven been working all these years, and suddenly displayed these effects? Had the eyes of so many faculties simultaneously been opened to the exceeding sinfulness of their former practices? Perhaps so; and yet, by a curious coincidence, these advertisements appeared not long after the Illinois State Board of Health proclaimed that, if schools wished their diplomas to be recognized in that State, they must have a preliminary examination.

It is one thing to profess, quite another thing to practise. It may be remembered that, at our last annual meeting, there were reported the results of an investigation of the requirements for preliminary education in the medical colleges of the United States. What the institutions announced was readily learned from Dr. Rauch's elaborate report; but to ascertain what they really required was much more difficult. It seemed necessary to adopt

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detective methods, and a little child, who had but just learned to write with a pen, was the principal medium through which the desired information was obtained. Letters were written to most of the schools, confessing ignorance of some study which was advertised as essential to admission, and asking if that would be an impediment to entrance. "If a school declined to modify its rules for such a correspondent, there would still be no conclusive evidence that it might not do so in the case of a person who was exceptionally prepared in other branches, and lacking in a single one; but, if a school, publicly announcing that it admitted pupils only after they had proved themselves educated in certain lines, on such an appeal agreed to ignore an important branch of preparatory study, still more, if it eagerly besought the patronage of this evidently unfitted candidate, it may be fairly claimed that the institution had demonstrated the hollowness of its professions and the utter insincerity of its position. The plan adopted cannot be regarded as a test of the measure of virtue of a school, but rather as a test of its capacity for vice. The result of the investigation showed that about one quarter of our medical colleges make no pretence of requiring any real preliminary education in their pupils; a few hint vaguely at the desirability of some knowledge; and about two-thirds announce an examination or its equivalent, as shown by a certificate. Of these last one half adhere to their published rules, and the other half evidently do not mean what they say and stand detected in their abominable fraud. The actual standard is extremely low. A very few schools require a preliminary education which is an approach to an equipment for medical study; a considerable number insist upon a knowledge of the ordinary grammar-school branches, with a mere trifle of natural philosophy; the most will admit any man who can write an intelligible letter of inquiry and pay his tuition fee, however deficient he may be intellectually."

It would appear that the Illinois law has done much to stimulate the timid and reluctant schools to activity in a desirable direction; but it is evident that law alone will not accomplish all that is needed. Some will obey through fear; others will be set thinking as never before, and will acquiesce with the grace which waits on judgment; and others still will "keep the word of promise to the ear, and break it to the hope." "No." No law will succeed which is not sustained by public approval. To be sure, the existence of a law helps in creating a supporting sentiment, but the major part of this work must be done by different means.

Just here, it seems to me, opens the field of the Academy. In 1876, the year of its birth, when the seven founders were assembled in Philadelphia, largely through the influence of Traill Green, our first and sixth President, who graces our meeting to-day with his benignant and venerated presence, Dr. R. Lowry Sibbet read a paper entitled "The necessity of an organization which shall encourage a higher standard of qualifications in the medical profession." The key note that day sounded is ringing still. The other societies of physicians were established largely or wholly to promote technical knowledge, and only incidentally do they touch the interests of education. We have seen how futile are their spasmodic attempts at improvement of the quality and amount of teaching, how imperfect are the results of statutes on the subject, how essential it is that the profession itself should be converted to the belief that men who are to study medicine should have good minds, well trained and richly stored. How can this conversion be accomplished as speedily, as thoroughly, or I would almost say, at all, except through a special society? It is thus chiefly that men are persuaded in the matters of religion and politics. The experience of ages has demonstrated that these objects are not attained but through the agency of elaborate organizations, which toil unceasingly to achieve their peculiar ends. How ineffectual would be the church, if it relaxed for a moment its hold on its votaries, or diminished its watchfulness for opportunities to augment its power! What utter defeat awaits the the political party, which fails to reach and constantly to impress the remotest

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hamlet with its arguments, and to keep in hand the whole body of its constituents! In these familiar examples we have have our lesson. We have not sufficiently appreciated the need of incessant agitation. Rarely is opinion changed by a single presentation of an argument, however powerful; but repetition at short intervals finally succeeds. *Non vi, sid sæpe cadendo.* As in the training of animals, and the education of children, so is it also in the persuasion of men—line upon line, precept upon precept, here a little and there a little.

It is evident that this work is purely philanthropic, and consequently is far less likely to attract a large following than that of other medical societies. One may say that their object, also, is the benefit of humanity; that they aim at the improvement of their members in medical science, and that thus mankind is helped to greater health, increased comfort and longer life. True; but, while they are thus learning how better to aid their fellow-men, they are perfecting themselves in the particular line of work by which they get their living. There is not this double incentive to labor in the Academy. Striving to elevate the standard of medical education does not make one more skilful as a physician or surgeon; on the contrary, it consumes time and strength which, if given to his regular labor, will make him a better practitioner and a richer. Our cause, therefore, calls for sacrifice, for unselfish devotion, for a spirit which is satisfied only with ideal results, for souls "alert with noble discontent, and upward yearnings of unstilled desire." And doubt not that it has them—not all in our company at present, but willing to join us, and eager to have a hand in the task.

But, it is doubtless in your thoughts that we should do other things than this; we should investigate scientific problems, and report our results at our meetings, proving by the superior quality of our contributions that a classical education has enabled us to surpass others not thus favored, and, in this way, to present an object lesson in support of our main proposition. In this view I do not agree; not that I have the slightest fear that the college-bred physician will not justify the claims that are made for him, as man, practitioner, investigator, author; but because, the most conspicuous efforts of the Academy should be according to the original design, in a purely educational direction, and it is impossible that, to any large extent, men who have original scientific conceptions will first announce them at our meetings, where there will be at any one time so few who are competent to appreciate the merits of the new ideas. The inventor of a novel operation for removing the uterus, however enthusiastic a Fellow of the Academy, will carry his paper describing the process to the Gynæcological Society, where he is sure of a large company, capable of estimating its worth. The neurologist will take his discovery to the association of specialists, whose daily experiences qualify them to hear him with full understanding; and so for all the rest, whether they cultivate limited portions of the great domain of medicine, or distribute their energies over it all. In the line of scientific work, we are handicapped from the start; we can offer no inducements which will, as a rule, attract the best efforts of the leaders.

The first step in our undertaking is the adoption of a plan for securing the fellowship of all who are eligible under our rules, and would be creditable associates. There is an unpleasant implication in these closing words, but it is unavoidable. We not only recognize the great attainments and generous culture of many men who have never graduated at a college, but we are compelled to admit that many who have received the baccalaureate degree possess little ability, and are not entitled to respect. The lion's hide has no monopoly in clothing the braying quadruped; too often we are chagrined to find that the sheepskin covers an ass. But the great majority of college-bred physicians would be welcome, and ought to be with us; and, with proper effort, we can win them.

Three years ago, Dr. Gihon, in his brilliant presidential address, after stating that the Academy had but 291 fellows, asked: "Is that much of a har-

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vest after nine years' tilling?" What tilling, pray? What large effort was ever made to increase our numbers? In my State there has long been a respectable percentage of doctors of medicine, who also are bachelors of arts, and men of deservedly good repute; but their fellowship had not been sought, when our good friend discouragingly wrote his reasons "why this bantling has not made greater progress, and why it has no reason to expect it." That these worthy men were not indifferent to the purposes of our society, and only needed to be invited in the right way to engage in the unselfish task which it had set for itself, is sufficiently proven by the fact that, while there were but two fellows in Maine at that time, there are nearly forty-one to-day. I do not believe that "the time has come when every limitation to fellowship should be removed, except the solitary requirement that the candidate shall be in fact as in title, learned in medicine and in all else that that implies. Before we alter essentially the conditions of fellowship, we should gather under our banner all the eligibles who can be enlisted. Unless it is possible to demonstrate in this way that most college-bred physicians are so thoroughly convinced of the usefulness of their preparatory education that they are interested in the attempt to persuade others to pursue a like course, it is not probable that a large accession to our numbers will be made from among those who have had no such privileges in their youth. Though many of these last mentioned deeply deplore the meagreness of their early schooling, and make many sacrifices in order to give their sons a classical and scientific training, they could not be expected to wish admittance to a body which was avoided by those whom it was organized to include.

There are some physicians, however, though probably not many, who would be glad of an opportunity to enter the Academy on the passage of an examination, equivalent to that enforced in colleges conferring the degree of A. B. In this connection a letter, recently received by one of our Fellows, is of interest. The writer had been invited to apply for fellowship, but was obliged to decline, not being a college graduate. But he expresses deep interest in the Academy, and thinks that many, now debarred, might strive for fellowship, if it were possible to prove on examination the possession of such an education as the holding of a degree in arts indicates.

This suggestion, which comes from a gentleman of culture "whose influence," as the fellow, who hoped to be able to recommend his election, remarks, "would be most useful to the Academy," might be adopted without the least danger of lowering the grade of requirements; and it is not impossible that, in the future, when fellowship in our society has become a greater honor than at present, and is sought with anxious eagerness, the certificate of the Academy that such an examination has been passed with credit will be everywhere regarded as equal to a baccalaureate diploma.

Entertaining the views which have just been expressed, in disagreement with those pronounced here three years ago, I hoped to demonstrate in my administration the correctness of my position. It seemed to me that the Academy had a right to expect to make greater progress, even in this matter of numbers; and, therefore, a plan was formed to test the question. To a number of my medical friends was sent the following circular, in which it will be observed, no hope of personal advantage is held out as an inducement, no opportunity to gratify a taste for display is hinted at, no benefit to one's self is even implied, save the satisfaction which must come from the performance of duty; and with the circular were enclosed a blank for application and a brief letter, inviting to fellowship and asking permission to stand as sponsor.

(THE CIRCULAR.)

"THE AMERICAN ACADEMY OF MEDICINE, founded in 1876, is a society composed of physicians of at least three years' experience in practice, who, previously to graduation in medicine, received the degree of bachelor or master of arts, after a regular collegiate course. Its purpose is not to establish an aristocracy in the medical profession, but to advance the standard of requirements

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preliminary to technical study, to elevate medical education to a plane far above that which it now occupies, and, by other similar means, to promote the welfare of the profession.

Already the purely scientific interests of medicine are provided for, as far as societies can further the cause, by organizations devoted to the development of the various specialties; but no other association has concentrated its attention on the field which the Academy was established to cultivate. It is believed that its purposes only need to be stated in order to arouse the hearty sympathy of those physicians whose preparatory studies and honorable standing make them eligible to its fellowship. The necessity for the work which the Academy is equipped to perform is too obvious to require demonstration, and it is in the highest degree desirable that every qualified physician should participate in this labor, not simply by using his individual efforts to influence those with whom he comes personally in contact, but also by uniting with those of his professional brethren, who entertain the same opinions and are actuated by the same high motives. Only by the combined and persistent endeavors of such men can medical education in this country be made what it ought to be, and this task is of the nature of an obligation, which the nobility of culture imposes upon all who bear its insignia.

It is earnestly hoped that each physician who receives this circular will display his willingness to share in this great undertaking by entering the Academy at an early date.

A blank application for fellowship is enclosed herewith."

The replies came so promptly and were so cordial that it seemed wise to propose the plan to my associates; for, if it was efficacious in the hands of one, why should it not prosper with all? consequently, to nearly every fellow was sent the following circular letter, with three of the explanatory leaves, three blank applications, a list of the Fellows in this State, a stamped envelope directed to myself for reply, and a personal autograph letter asking his aid.

AMERICAN ACADEMY OF MEDICINE.

PORTLAND, MINN., August, 1888.

DR.....

DEAR SIR,

The principal need of the Academy at present is a large membership. It is of the highest importance that practically all of the college-bred physicians in the United States should be entered on its rolls. To a great extent this result can be accomplished speedily through the efforts of the present Fellows, and only thus. Experience has demonstrated that few apply for membership without being invited; but it has also shown that, with proper urging, it is not difficult to induce men to join our ranks.

Heretofore no systematic attempt has been made to increase our fellowship; but such a measure is now projected, and in it I beg to ask your earnest co-operation.

There are doubtless in your neighborhood (city, county, State), or, at all events, among your acquaintances, some, I trust many, who will be induced by your personal persuasion to apply for admission. The method which has proved most successful is for the Fellow to write an *autograph* letter, stating the case, offering to stand as sponsor, requesting an early reply, and enclosing a blank for application, a circular setting forth the objects of the Academy, and a stamped envelope for the answer. If a response does not arrive in a fortnight, a second letter, calling attention to the first, is desirable. When the applications are received, the Fellow should sign the recommendation, and forward the papers to the president.

Three circulars and three blanks are enclosed herewith, and it will afford me much pleasure to supply you with as many more as you shall request.

The service which the Academy asks of you calls for the writing of a number of letters and the expenditure of some valuable time in the search for suitable candidates; but, certainly, it is not greater than any Fellow is more than willing to devote to the cause in which he enlisted by entering the Academy.

If every Fellow will do what he can to awaken the interest of his friends, our numbers will be immediately so augmented as to make the Academy a most powerful and honored organization, and enable it to contribute in a hitherto unexampled manner to the accomplishment of the reforms which it was instituted to promote.

Hoping for your support and encouragement in this work, and awaiting your reply with eagerness, I am

Respectfully yours,
FREDERIC HENRY GERRISH,
President.

I am obliged to confess that the result has fallen far short of what seemed moderate anticipation. That most of the letters were delivered would seem to be sufficiently attested by the return of only one as uncalled for. Less than half were answered in any way, though a second circular letter, requesting attention to the first, was sent to all who had not replied. Forty-five applications were gathered by twenty-six Fellows, in addition to fifty-three, which were secured by one other; so that we add ninety-eight to our membership—more than in any two years previously. Probably this does not represent the entire product of the scheme: some have reported themselves as expecting to procure applications, and these will swell the list of next year. My highest hope was to double our numbers; for I

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thought that there could be few Fellows, who had not among their acquaintances some who are eligible and would accept an invitation to fellowship. When one Fellow can obtain, without difficulty, more than fifty applications —a number exceeding the entire admissions in any former year—it is not reasonable to suppose that the other three hundred cannot procure an average of one apiece with slight exertion.

The cause of so small a return for the prolonged and irksome toil which it cost are doubtless, first, the fact that the vitality of the Academy was almost suspended during the year immediately preceding; it was proposed to omit the annual meeting, and, when held, it was almost spiritless; the papers were few, hardly enough additions were made to compensate for the mortality subtractions, and nobody could have felt otherwise than depressed at the dismal performance. It takes time and powerful effort to regain so much lost ground; and it is to be hoped that the Fellows will never again allow themselves to be deluded with the notion that any society will progress, or even keep alive, without the devoted care and constant activity of its members. Health and vigor cannot be looked for in the prolonged absence of nourishment and exercise—a commonplace which ought not to be required in an assemblage of physiologists. Second, it is unquestionably true of our association, as of every other of which I have knowledge, that it contains many indifferent members. who are not inaptly called dead-wood. This is the kind of men who are never willing to do anything but share in the success which others have won, and administer caustic rebuke in the absence of failure. Third, it was unfortunate in this regard, to have a president of whom the Fellows knew almost nothing. Finally, and more potent as a reason for the failure of the scheme than all the foregoing, was the fact that the Fellows had never been made to understand that each of them was under obligation to promote the welfare of the Academy. The most useful, as well as most conspicuous feature of the plan proposed is the inclusion of every Fellow in the proposed work.

If all the labor of a society is performed by a few members, that organization contains an element of weakness that may at any time destroy it. But if every individual composing the whole makes a regular contribution to its support, each must feel an interest in its prosperity, which is otherwise impossible. In the Academy we have no annual tax of money, and, after paying his initiation fee, no Fellow has been called upon for any services which he could consider obligatory, unless he has acccepted an official position. Consequently, there has been no demand upon the loyalty or energy of the members generally, and it is not wonderful that their interest has been small. If they had been asked frequently to render some aid to the cause, if in any way the necessities of the situation had been kept before them, the attempt which has been made would have been crowned with success, and we might to-day rejoice in a membership of two or three thousand.

The experience of the past should guide our future conduct. I suggest, therefore, that a committee of three Fellows who are widely and favorably known, energetic and willing to give hard work to the cause, be appointed, with instructions to procure the address of each physician in the United States who is eligible to fellowship under our rules; to ascertain his standing; to furnish him with a historical sketch of the Academy, a list of its Fellows, a brief statement of its purposes and principles, and an invitation to enter it. The fellow from whom favorable information is obtained will stand as the candidate's sponsor. I feel a good deal of confidence that our numbers could be trebled, perhaps quadrupled, by this system in one year. I recommend the appropriation of $200 to defray the expenses of this committee.

Not only does the Academy need a large increase in numbers, but means should be taken to arouse the flagging enthusiasm of the Fellows. Many who do not know much about our society would be gratified and awakened by full information concerning it. To this end I make several suggestions:

A need which has been often felt is a catalogue of our Fellows. Once, at

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least, it was thought to have been provided for; but nothing came of the attempt. I advise, therefore, the appointment of a committee of three Fellows, instructed to prepare and publish a catalogue of the Academy, containing the following data concerning each living Fellow or Honorary Member, his name in full; post-office address; collegiate degrees received, with date of each, and name of institution conferring them; official positions of importance held by him, such as professorships, physician or surgeon to hospitals, membership in State Boards of Health, principal offices in important societies; high political appointments; the titles of three volumes, and of three pamphlets or articles of which he is the author. The catalogue should also contain the name of each deceased Fellow and Honorary Member, and of his last place of residence, the date and place of his death, his age, and the dates of his degrees, positions and writings which would be presented, if he were still living. A copy of this catalogue should be sent to each Fellow, to every respectable medical journal, and to every public medical library in the country. One hundred copies more than are needed for these purposes should be printed, and sold to parties wishing to purchase them.

A sum not exceeding two hundred and fifty dollars should be appropriated for the expenses of this committee.

The by-laws provide that the council of the Academy shall "decide upon and superintend all its publications," and that the secretary "shall edit the transactions in the manner and style agreed upon by the council." Hitherto the presidents address has usually been published in pamphlet form, and distributed to the Fellows, and a very few other papers have been thus honored; but "the transactions" referred to in the by-laws have not been issued. It would seem that the time has come for a action in the premises. The whole business is in the control of the council; but that committee will unquestionably receive with pleasure an expression of the wishes of the Academy. It would be wise for the council to select for publication such of this year's essays as seem worthy of the distinction, ascertain the cost of printing and binding five hundred copies, and the number of these which would be purchased at cost by the Fellows. If the demand should warrant the attempt, the business could be undertaken with no chance of burdening our treasury, and with a most beneficial effect upon the reputation of our society.

A few years after the founding of the Academy, a Latin certificate of membership was prepared and engraved. The price of this certificate, printed on parchment, is fixed by the constitution at ten dollars, a sum so large as to be almost prohibitory. Only fifty-one copies have been sold. The plate was paid for long ago, and there appears to be no good reason for continuing a policy which practically deprives most of our members of an official certificate of fellowship, worthy of the dignity of the organization. I therefore propose a change in the constitution, reducing the sum to be paid for these diplomas to cost, which, at present rates would not exceed two dollars each. Very soon after the passage of this amendment, there will be a brisk demand for these parchments, and our society will be brought prominently to the attention of thousands who have never heard of it before. Let us hope that the time is not far distant when the Academy shall be so prosperous that the admission fee can safely be raised to a price which shall enable it to issue a diploma to every fellow on admission, without additional charge.

It is not a small task to procure essayists for our meetings. Our Fellows are busy men, most being actively engaged in practice, and very many being teachers in colleges, physicians and surgeons in hospitals, editors, authors, and frequent contributors to medical societies; and very few voluntarily offer papers to the Academy. To illustrate the labor of providing acceptable entertainment for a meeting, it may be remarked that the present programme is the result of nearly fifty urgent invitations by the president, and a large number by the secretary. I suggest that a special committee be charged with this duty for the ensuing year.

The initial meeting of the Congress of American Physicians and Surgeons

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was held in the City of Washington this year, and the success of the venture was sufficient to make it probable that a similar gathering will take place hereafter triennially. It is advisable for the Academy to consider the expediency of associating itself with the other societies composing the Congress, and thus bringing it into more prominent notice than it has hitherto enjoyed.

At our last meeting in this city, seven amendments to the constitution were proposed by six different Fellows. These were laid over without decisive action at Pittsburgh, and again at Washington, and now they present themselves anew for your consideration.

They naturally are arranged in two distinct groups, six being in one, and one in the other. Those of the first set relate to membership. It is pertinent for me to mention them, and offer my comments, which I do with sincere appreciation of the loyalty of the proposers, and most hearty regret at being constrained to differ with them on points which they have much at heart, and firmly believe to be important for the welfare of the Academy.

Dr. Sibbet wishes to have a provision for "corresponding members," who shall be distinguished medical men in foreign lands. I would prefer to delay this movement, until we shall be able to communicate to such gentlemen as shall be interested to correspond with us, tidings concerning medical education in America of a kind more creditable to our own land.

Dr. Sibbet also proposes that "candidates having other literary degrees than Bachelor of Arts or Master of Arts may be elected as Fellows, provided they shall not exceed five percentum of the whole number; and provided also, that they shall have contributed to the literature of the profession." For instance, a gentleman who is not a college alumnus, but has received an honorary degree of Doctor of Philosophy, might be admitted under this rule; whereas, an equally well-educated physician who has no literary degree except an honorary A.M., cannot enter. This may not be what is intended, but the rule would be easily capable of the construction which I have put upon it.

It is clear to my mind that we are not acting with entire consistency in excluding those, who, instead of the degree of Bachelor of Arts, have taken that of Bachelor of Science, or Bachelor of Philosophy. One would expect us to put the two on the same footing, judging from the words of our constitution, which says:

"The objects of the Academy shall be (1) to bring those who are Alumni of Classical, *Scientific*, and Medical schools into closer relations with each other; (2) to encourage young men to pursue regular courses of study in Classical and *Scientific* institutions before entering upon the study of medicine." In many colleges the students in the same class, while pursuing identical lines in most repects, follow diverging lines in others. The drill is equally severe, the mental discipline probably as great in one as in the other; but, because one group has chosen to pay particular attention to the humanities, and the other has selected a curriculum in which the natural sciences have had a more prominent place, the degree in arts is conferred on the one, and that in science on the other. The A. B., and the B. S. are intended to balance in the academic scales. On what ground do we decide the one to be evidence of a good education, and ignore the four years of studious application which is represented by the others? Suppose that a young man has looked forward to our fellowship as a coveted honor, and decides on the strength of our counsel in Article II of the constitution to take a regular preparatory course. His tastes lead him toward the physical sciences rather than to the classics, and without noticing the restrictions in Article III, he follows the plan which ends in the B. S. degree. He is as able, as well-furnished mentally, as upright as his brother, who is A. B. But, after the two have become doctors of medicine, the latter can enjoy our association, and the former is excluded. Would he not feel an excusable bitterness at our treatment of him?

I hold in my hand an application from a physician who has been engaged in practice eleven years, is a Bachelor of Science and a Doctor of Philosophy. His sponsor knowing him to be

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college-bred, thought that he was a Bachelor of Arts; but learning the fact, writes, "If any discretion is allowed, I would strongly recommend his admission." It seems to me that the interests of the Academy would not suffer by recognizing B. S. and Ph. B. D. as the equals of A. B., provided that they have been obtained after a regular four years' course. But an amendment must be differently worded from that under discussion in order to effect this result.

Dr. Gihon would admit "graduates in medicine, who, having no degree in letters received in course, have distinguished themselves in medicine and collateral sciences." Literally interpreted this rule would open the door to no dangerously large number, for while many who have no literary degree distinguish themselves in medicine, very few become noted for their learning in collateral sciences also. But substituting "or" for "and," will it not be better to leave this matter as it is, until we have gathered in all the good men possible under our existing rule?

Dr. Bush would give the council power to nominate for fellowship any honorable physician, who has distinguished himself by the production of any valuable publication. On this proposition the same criticism is offered as on the preceding.

Dr. Edward Jackson would have for each candidate three sponsors, who should write out a statement of his fitness. After a year's deliberation the council may report on the case, and the society may elect. At a time like the present, when the chief need of the Academy seems to be a large increase of members, it would hardly be politic to make admission more difficult than it is now. The Academy probably has enough confidence in the discretion of its fellows, to take the approval of any one of them as abundant testimony to the fitness of a candidate.

Dr. McIntire would have the election of an applicant delayed a year after the approving report of the council is made. This would be a safe-guard against the introduction of undesirable persons; but the year of waiting would be unnecessarily annoying to the candidate, because the same advantage would be gained by the simple device of having each Fellow supplied with a list of applicants a short time before the annual meeting. Then, if any Fellow wished to object to the admission of any one whose name was thus presented, he could readily do so by letter or in person. This method works admirably in the Maine Medical Association, in which it has long been in operation.

The sole proposal of the second set relates to an utterly different subject. Dr. Sutton, one of our charter members, and but recently our president, advocates a change in Article VIII, Section I. At present the paragraph runs thus: "The Fellows of the Academy, in their relations with each other and with their fellow-men, agree to be governed by the principles embodied in the present code of ethics of the American Medical Association, and by the constitution and by-laws of the Academy." Dr. Sutton desires to have this amended to read as follows:

"The Fellows of the Academy will be governed by those principles which actuate educated, cultured and honorable men in every profession, and by the Constitution and By-Laws of the Academy."

To this proposition I trust that the society will give its most serious and judicial meditations. For my own part, I have no objections to the principles embodied in the Code of the American Medical Association. The expression of them seems to me to be not altogether felicitous; but if I understand them, they are worthy of approval. During the unhappy controversy over the Code in this State several years ago, my sympathies were with the old code men. It would be only harmful now to revive in detail the memories of that extremely unfortunate episode. Nobody on either side would wish to renew the discussion, with its attendant circumstances of ill-feeling and hostile exhibitions. But though I entertain no desire to have my State Medical Association abolish its Code, which is that of the national society, I believe that the Academy will act wisely if it adopts the alteration under consideration. If we had no Code, it would not occur to us that one was

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needed. We are here not as therapeutists, but as reformers. If we discard all allusions to codes, we shall be in no peril of an invasion of wicked or crazy irregulars; for no candidate's application can be considered without the approving signature of a Fellow in good standing. We need have no suspicion that the proposer of the alteration is plotting to obtain our sanction in advance to orgies of unholy consultations. But more important than these thoughts is the fact, encountered by more than one of us in his search for applicants, that the presence in our Constitution of the paragraph under discussion is an obstacle of the gravest nature in the way of an increase in our members. The objection does not come from the weak and whimsical, but from strong, high-minded thinkers. Many have been offended by what they consider the unjust and tyrannical conduct of the American Medical Association, and shun membership in any society which even seems to be a satellite of it. After three years in which to ponder on the subject, I have fully decided that the adoption of this amendment is consistent with the strict orthodox principles of medical ethics on which I was reared, and is for the best interests of the Academy.

Never before has it been appropriate to address the Academy as "Ladies and Gentlemen;" but to-day it is my privilege to use this significant expression. You have accepted as Fellows a number of women, and henceforth we who have labored in this society for the advancement of medical education are to have the co-operation of the sex, long excluded from medical associations, but now admitted on an equal footing with men in some of the foremost of our professional organizations. It is indicative of a marked change of sentiment and opinion that bodies as conservative as the Massachusetts Medical Society and the Philadelphia County Medical Society have opened their doors to all, without reference to sex, who have the requisite ability and training. It is not creditable to our country or in keeping with the liberality which theoretically characterizes our institutions, that a discrimination should so long have been made against women in scientific associations. But considerations of justice have at last prevailed so generally that, at the present time, the opposition to educated physicians on account of sex is feeble, compared to the violent antagonism which formerly existed. The stock arguments that women have not the physical strength to sustain them in the trials of practice, that they lack the intellectual capacity and the moral force which we deem essential, have ceased to have weight. Facts, easily observed, prove the contrary. There are too many women practicing medicine scientifically, skilfully, successfully, and without injury to their health, to permit such objections to influence any one who is well informed. Having been the medical teacher of many women, and having watched the careers of a considerable number with peculiar interest and satisfaction, I feel fully justified in the prediction that the Academy will be strengthened by the admission of the gentle-women who have entered to-day, and will never regret this departure from its former usages.

It is noteworthy that some of the staunchest upholders of a strict preliminary examination, as ascertained by the detective work of our committee on the subject last year, were the schools managed by women. They had advanced their standand because they saw the necessity for reform, and they adhered honestly to their published rules, as so many of the schools for men did not. The proportion of those which stood by their colors was much greater among the women than among the men.

It is simply justice to the Academy to state that it has never objected to the admission of women. This year is the first in which women have applied for fellowship.

Since our last meeting the grave has closed over several of our associates. Of these the most distinguished was Cornelius Rea Agnew, whose sudden death shocked the community and left a void so great that it will not cease to be felt as long as any survive, who knew him. His splendid natural endowments, his complete development, his transcendent achievements, his moral elevation, have all been the subjects of eloquent eulogies so recently,

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that further mention of them is superfluous here.

It would be unjust to my feelings, were this occasion to be allowed to pass without my paying a tribute to the memory of the one of our lost companions whom I knew most intimately, Edward Swift Dunster. He was still a young man when I first became acquainted with him, but he had already made an enviable reputation as a writer and lecturer. We were associated for two years in the faculty of a large medical school, and, from sympathy of tastes and community of interests, we were much together. He honored me with his friendship, and the memory of it remains with me like a precious benediction.

His varied and accurate learning, his scholarly instincts, his choice and elegant diction, and his ready wit combined to make him a most entertaining companion and a teacher of unusual brilliancy and power. But though he won my admiration for these attractive attributes, I chiefly delight to think of him as a bold and tireless advocate of the principles for which the Academy contends. Early and late he struggled with the prejudices, the indifference, the stolid and unteachable conservatism which those who should have aided him threw continually in his way; and just when the path began to be clearer, and hope was strengthening into expectation, the fatal summons came, and the task which he had set himself was left unfinished.

His death is a distinct and irreparable loss to the cause of sound medical education. His vacant place should be a continual reminder of the work which still remains to be done, and should stimulate us to renewed exertions.

In obedience to our rules, I have written this address. I have not attempted an oration, for my conception of my duty compelled the belief that the required paper should be of a business character. Consequently avoiding rhetorical horticulture, I have given an account of my stewardship, and have expressed my views of the functions of the Academy, and of the best methods to pursue in order to compass the desired results.

A year ago, when you paid me the compliment of elevation to the presidency, my surprise at the altogether unsought and unanticipated election prevented an adequate and seemly acknowledgment of your partiality. I could merely stammer my thanks and a promise to do my best to promote the interests of the Academy. My term of service closes at this meeting; and, as I look back upon it, I find that the hopes, which seemed at first to be easy of realization, have been but imperfectly fulfilled. But I have no broken promise to regret, for I have really done what I could for the Academy.

I am fully persuaded that less harm per year would ensue from the absolute cessation of all progress in medical discovery and invention, than now results from the low standard of preliminary and technical education. I believe, too, that our cause needs courageous, persistent and aggressive action. Holding these opinions, the labor which I have done has been the practical expression of a conviction of duty. And my only grief in contemplation of the result is that my best has been so poor.

CASES TREATED BY ICE TO THE SPINE: AFTER DR. JOHN CHAPMAN'S METHOD.

BY B. O. KINNEAR, M. D.

New York City.

GENERAL O.—Fifty-two years old. I examined this gentleman on the 17th of August, 1884. He suffers from constant insomnia, which has continued with little sleep daily during the previous year. The slightest mental exertion induces great cerebral excitement and intense general nervousness. Noises annoy him much, and any little worry assumes great proportions. The head is constantly hot, with an always present sense of fulness and tension. The face is flushed and the conjunctivæ injected. There is total inability to digest solid food. It passes through the alimentary canal unchanged, causing at the same time watery eructations and a mucous diarrhœa. Liquid foods seem to be assimilated. During their use the bowels are

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constipated. The arms and thoracic region are hotter than normal, while the abdomen, legs and feet are unnaturally cool. There are "points douloureux" over the abdominal surface. The pain is not increased on firm pressure; but on walking, even one or two hundred yards, it develops into severe suffering; thus physical exercise cannot be endured. Even sitting erect or stretching the legs increases the pain, and the prone position is the only comfortable one. There is usually an exacerbation of pain at three or four A. M. The last six dorsal spines are tender on pressure.

History: Has always been remarkably strong, both mentally and physically. Has had two attacks of yellow fever, in 1850 and 1853. In 1849 was badly burned with powder. Was threatened with sun-stroke while in the army, and just before this illness began was prostrated after a long walk on a hot day, suffering much in the head. His disease has been pronounced chronic peritonitis. This gentleman was treated entirely by the dorso-lumbar ice bag of Dr. Chapman, with the addition of an occasional application of heat in a double columned hot water bag over the cervico-dorsal sympathetic ganglia.

The progress toward recovery is as follows, viz., August 18th, 1884: The bag was filled with small pieces of cracked ice and placed over the dorso-lumbar spinal region. In an hour, the patient's legs felt warmer, and, as he described it, "there is a pleasant glow through them."

At the same time, the flush left the face, and he remarked that "the head does not feel so heavy as usual."

The pain in the abdomen was relieved through the evening, and he could sit erect, without discomfort. August 19th: Slept from ten P. M. until two A. M., but little afterwards. The pain recurred as usual, and had much heat of the head. The brain feels better this morning, and he is stronger, physically, than hitherto.

Passed a quiet and more comfortable day. Ice used seven hours in every twenty-four hours, for one hour or one and a half at a time. August 20th, slept from ten P. M. until half past three A. M.; dozed afterwards, and suffered little from pain. *Walked one mile to-day* without suffering. Can also sit upright and stretch his legs, without pain.

August 21st, slept until two A. M., when he wakened, but in a short time fell asleep again and did not rouse until seven A. M. "The best night's sleep for a year." He feels refreshed, the eyes are looking clear and bright, and the complexion is much improved. The stool passed to-day is a natural one, being usually both lumpy and hard. No pain or soreness about the abdomen. Walked a mile to-day.

August 22d, passed a restless night; some heaviness of the head, and tenderness over the abdomen. The symptoms were quite relieved by the morning ice bag. Walked 2½ miles to-day, without weakness or pain. Legs and feet warm; head and upper body cool; bowels moving naturally August 25th.

On August 23d, he suffered from biliousness and slept badly; 5 gr. of calomel were given at night, followed in the morning by a Seidlitz powder. The medicine acted thoroughly, relieving all the old symptoms which had temporarily recurred. He was kept pretty quiet on the 24th inst.; but on August 25th, he spent the day at a seaside resort, walking and standing constantly without fatigue or pain.

To-day he ate three solid meals, after some persuasion, with enjoyment, and no after watery eructations or diarrhœa. Slept well on the night of the 24th inst., and no longer looks like an invalid.

August 26th, passed a capital night. The head is clear and noise no longer disturbs him; feels strong and like himself. From this time forward the patient ate solid food, as when in his former health, though warned not to use coffee or wine, and only to drink weak tea. August 28th, suffered from a second bilious attack, which was promptly relieved. This gentleman remained under my direct care for five weeks, at the end of which time he was greatly relieved, being able to eat well and to walk five miles a day with enjoyment. The mental excitement and nervousness are much better. The head is no longer hot; there is no abdominal pain; the lower dorsal spines are no longer tender on pressure; the feet, legs and abdomen are of a nor-

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mal temperature; the spirits are good; the tension and fulness in the head are gone. He is able to converse without fatigue, and to do some business.

Feb. 15, 1889, he has remained well ever since, having exerted himself both mentally and physically, almost as actively as ever, but without relapse. He has attended to a large and anxious business ever since.

The ice bag was used at first seven hours per day, afterwards decreased steadily until at the end of six months once every day for an hour, or every second day was sufficient. He has used it at intervals when necessary ever since, but is in much better health to-day than for several years before his illness. No internal remedy has been used, except the calomel, when required for its effect on the secretion of the liver.

Diagnosis and rationale of treatment. According to Dr. Chapman's system, the insomnia, heat of head, mental excitability, injection of conjunctivæ, deep flush of the face, sense of fulness and tension, denoted a dilated and active circulation in the brain and head. The sympathetic ganglia of the cervico-dorsal region were, therefore, not sufficiently nourished to furnish to the muscular coats of the arteries of the head and brain their usual normal contracting nervous currents. These ganglia were insufficiently supplied with blood; and not only these, but those ganglia controlling the circulation in the thorax and arms.[1]

The inability to digest solid food, with the resulting watery eructations and diarrhœa, demonstrated excitement of nervous centres supplying the mucous cells of the stomach and intestinal tract. The "points douloureux" indicated hyperæmia of the dorsal sensory centres; and the cool abdomen and legs and feet implied a hyperæmia of the dorso-lumbar sympathetic ganglia supplying nerves to the contractile coats of the arteries in the lower body and extremities. The tenderness over the lower dorsal denoted hyperæmia of that portion of the cord. The dorso-lumbar ice bag overcoming the active hyperæmia of the centres, pain ceased over the abdomen. The arteries in the abdominal viscera dilated, thereby increasing the gastric, biliary and pancreatic secretions, while the excessive secretion from the mucous glands ceased, and normal digestion, as well as normal action of the bowels, took place. The arteries in the lower extremities dilating, also, these parts became warm and much stronger; while as a consequence of the increased circulation in the lower body, the excess was withdrawn from the brain and head and upper body. Contraction of the blood vessels in the brain resulting, normal sleep was induced,[2] and this vital organ was refreshed and strengthened after its long period of excessive stimulation, through its excessive blood supply.

[1] "Control of cerebral circulation," page 13. "The Sympathetic Nerve." C. V. Chapin, 1881. "It is generally considered at the present day, that most of these fibres are contained primarily in the sympathetic, in the neck." His authorities are: Bernard, Vulpian, Donders, Callenfells, etc.

HERPES ZOSTER.

I have treated successfully four cases of Z. Pectoralis by a ten inch Chapman ice bag applied over the lower two-thirds of the dorsal vertebræ. No other treatment whatever was necessary, either external or internal, and yet in twenty-four hours after the use of the first bag the vesicles began to shrivel and their fluid contents to absorb, while the first application was of great relief to the very severe shooting and burning pain experienced in two of the patients treated. Sleep was also induced and the intense nervous irritability calmed.

Case I.—G. S., a gentleman of more than sixty years of age. The burning was severe, and the eruption extensive, upon the left side, running from the median line across and around the lower dorsal ribs to within about three inches of the vertebral spines.

The ice bag was used for 1½ hours twice a day, the patient remaining very comfortable between the applications; and the vesicles very shortly were

[2] "Sleeplessness, its Causes and Treatments," Birmingham Medical Review, April, 1882, by W. E. Green, M. D.; also "Guy's Hospital Reports," Dr. Durham, "Anæmia of Brain the Normal Condition During Sleep."

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reduced to scabs. The application was continued for two weeks from the beginning of the attack. The diseased parts were then looking quite normal, with no resulting ulcerations or neuralgia.

Case II.—A boy of 12 years, I saw the third day after seizure. He suffered little pain, but was cross and nervous. A small ice bag was applied three times a day, for an hour, over the lower dorsal vertebræ, and on the fourth day only a few scabs were left. Ice was used an hour per day, for two or three days, to complete the recovery.

No following neuralgia or ulceration.

Case III.—A lady of middle age had been suffering great pain for five days when I saw her, and having mental troubles at the same time added to the physical one, she was in a dreadfully nervous condition. The herpes was extensive, round the body under the left breast, and fully developed. The first application of the bag was of immense comfort. She used it for two weeks, three hours per day, ½ hour at a time, over the last eight dorsal vertebræ. The inflamed vesicles were reduced to dry scabs in forty-eight hours, and in four or five days only some thin scabs, surrounded by normal looking skin, remained. The pain continued with much lessened severity for three weeks from the beginning of treatment; then ceased altogether. There were no ulcerations left, cicatrices, or neuralgia.

Case IV.—A lady aged 60. The ice bag was used only three times in this case, the patient having been frightened about the treatment; nevertheless, the vesicles dried in two days, and she suffered less severely for the following ten days. There was no resulting neuralgia, nor any ulcerations.

These four cases were all typical "Zoster," and in all the very acute symptoms were at once relieved. The progress of the disease was stopped and convalescence soon established, while the annoying neuralgia and ulcerations, as sequelæ in severe cases, were prevented.

Rationale of treatment after Chapman's method. The spinal trophic and sensory centres were hyperæmic, giving rise to pain and the characteristic eruption. Ice over the hyper-nourished centres expelled the excess of blood, and lessened the strong nervous currents producing the pain and eruption. Duhring has recommended the constant galvanic current as valuable in the treatment of zoster. Believing as I do that it acts in the same way as the Chapman ice bag, but not so efficiently or powerfully, its restorative effect may thus be accounted for, viz.: by lessening the hyperæmia of the involved centres. In corroboration of the view arrived at by the study of, and the results obtained by Dr. Chapman's method, Bärensprung represented the view that the disease was one of the ganglionic system. He determined the primary seat of the affection to be the *spinal ganglia.*

"In cases of zoster of the trunk, he found the intercostal nerves thickened and injected, with their *spinal ganglia* softened and altered in structure, the inflammation *always* extending[1] *from* the ganglia to the periphery."

Meidner records changes not unlike those observed by Bärensprung.[2]

These cases, with the results obtained by cold over the spinal cord and the ganglia, go to corroborate the views and observations of the authors quoted.

SPASMODIC CROUP.

L. D.—In February, 1883, I was hurriedly sent for in the afternoon, and found on my arrival the patient, a colored child eighteen months old, suffering from spasmodic croup, and apparently dying. The respiration was about 80 per minute, and the breathing exceedingly labored, being apparently, chiefly performed by the accessory respiratory muscles. The child had already suffered for forty-eight hours without relief, and almost without nourishment, and was very much exhausted.

Asphyxia was momentarily threatened and immediate active treatment was required. I applied a bag one and a half inches long, filled with finely cracked ice, over the cervico-dorsal region of the spine, holding it in place on account of the constant restlessness of the child.

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[1] Italics are mine.

[2] "Duhring on the Skin," page 235.

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In fifteen minutes the breathing was much easier, and respiration was neither so rapid nor labored. The patient fell asleep and remained so for an hour. The bag was refilled as fast as the ice melted, and kept in place for two hours. It was then removed for an hour, applied again for two hours and used in this way through the night.

After the first application of ice the head was found to be very hot, and the following bags were placed only over the dorsal region, with relief to the head and continued ease to the attack. The child slept most of the night, and drank a large goblet full of milk.

The following morning I found the patient sitting up, with a somewhat labored and sonorous respiration, but cheerful, and the number of respirations almost normal. On this day the bag was used for six hours, on the second day three hours, and on the third day one hour. The patient was then quite well, with a good appetite and normal breathing.

She had had several attacks of croup before this seizure, but has only had one since, which was immediately checked by the ice bag, over the same region of the spine. In two other cases I have succeeded in entirely curing the disease. Both of these latter cases were chronic; that is to say, that almost every week or ten days, for the year previous to my treatment, they had night attacks of croup; and the parents were exceedingly anxious. The bag was used daily, at intervals for about two months, with permanent relief. The condition requiring to be overcome is spasm of the larynx; this spasm in this form of croup, being due to excessive nervous action of the superior and inferior laryngeal nerves, which supply sensation and motor power to the muscles of the larynx and trachea.[1] Hyperæmia of the cells in the pneumogastric centre originating these nerves, by generating abnormal nervous currents issued to the muscles of the larynx, induce the attacks. The ice over the cervico-dorsal region, by dilating the arteries of the brain and thoracic region, withdraws the excess of blood from the laryngeal centres; the result being that the muscular spasm of the larynx relaxes, air passes freely into the air cells, the general circulation becomes normal and the seizure passes away.

[1] See Pneumogastric Nerve. Allen's Anatomy.

THE MORPHOLOGY OF RHEUMATIC BLOOD.[1]

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Color varies from that of health to that of anæmia.

Consistency and rapidity of clotting, increased very much from that of health.

I. *The red corpuscles*, color usually impaired, but not always.

Coloring matter not so firmly held as in health.

Adhesive, sticky, often drawn out in elongated, lozenge shaped-bodies, with pointed ends, and sometimes stretched out in filaments joining with one or more of their fellows.

Clot in windrows, ridges and huddled masses, sometimes quite formless. This is caused by the massive fibrin filaments holding them fast, as it were, in their firm meshes and their great adhesiveness, being more or less deprived of their coating of neurine. The same condition is found in consumptive blood, but to a less degree. In fibrous consumption, they are much more marked. It may be remarked here, that this kinship between consumptive and rheumatic blood is due to an acid condition produced by the growth and development of the acetic acid vinegar plant in the blood and in the alimentary canal. When the blood is aciduous to an unusual degree, the adhesion of the red blood corpuscles is increased still more.

II. *The white corpuscles*, usually enlarged, adhesive, stick to each other, to the red corpuscles, to the fibrin filaments and to the form elements.

[1] Read before the Section of General Medicine, Ninth International Medical Congress, and illustrated by lantern slides of micro-photographs and drawings, Sept. 8, 1887.

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Indeed, it seems to be the office of the white corpuscles, so far as possible, to swallow, increase and envelop any foreign substance that may find its way into the blood. Thus, we find crystalline bodies in the white blood corpuscles in rheumatism, though not always. They undergo amœboid movements as in healthy blood. They have independent locomotion. Disease does not seen to impair their automatic movements. Often they are increased in number. Sometimes diminished in number. If there is fatty degeneration going on anywhere in the system, they will usually be found to contain fat in globules.

III. *The serum.*

A. *Fibrin filaments*, in massive and sticky threads in abundance—in meshes which are finer than in health, plainly visible—strong, and hold the red corpuscles like prisoners—in skeins like the tangled skeins of silk—sometimes in large long cylindrical frayed, sometimes frayed strings wound up in a coil like a string tied round the four fingers, and embracing the other form elements in the blood, in masses forming thrombi, which, when fastened in the caliber of a bloodvessel, form emboli.

These thrombi are apt to involve and embrace white and red corpuscles and crystalline bodies to be named below. When the fibrin filaments are found in large round strings handsomely curled up by the motion of the blood stream, and looking like the mycelial filaments of a vegetation, they can be distinguished from vegetation by the absence of entire cylindrical outline—ragged, broken edges, here and there, and bichotomous and polychotomous divisions of the trunk, different from the mycelial filaments of syphilis for example. It is the presence of these fibrin filaments, in addition to the stickiness of the red blood corpuscles, that makes the blood ropy, sticky and adhesive in rheumatism. They have the tendency to block up the blood stream, and besides to be locally deposited in and on the adjacent tissues, specially when the circulation is sluggish around the joints, for example.

B. *Fibræmia.* In a nomenclature which was made before the present advance of knowledge there is difficulty to make it fit to the new era. I shall not attempt to relieve this difficulty, but try to adapt the subject to the conventional names, as the object is practical aid in treating diseases, no matter what they may be called.

Fibræmia is where the fibrin filaments are in excess, in the form of threads, skeins, massive fibers, straight and curled like strings, forming thrombi and emboli. These are in a more exaggerated condition and form than in consumption or rheumatism. Sometimes the fibers look like the scalp when taken from a woman with long tresses of hair.

C. *Gravel of the blood, or crystalline bodies in the blood in rheumatism.* These are numerous and readily recognized. Some of them are as follows: 1. Uric acid and urates of soda. 2. Phosphates. Specially the triple phosphates of lime and soda. 3. Oxalate of lime. 4. Cystine. This is quite common and easily detected. 5. Carbonate of lime, rare. 6. Stelline and stellurin. These occur mostly in granular forms in the serum, but in old cases; where the system is saturated, they are crystalline. 7. Black, brown, aniline blue, bronze, orange, red and yellow pigments in the form of flakes or small masses are common in rheumatic blood, and may be termed gravelly matters that should have been eliminated by the kidneys, bowels or skin, which are the natural outlets for such excretory products.

In fibrous consumption and asthma, and hay fever, these gravelly concretions are found in the sputum, as if the air-passages were made the abnormal channel of their excretion.

Gravel of the urinary tract, the liver and the gall bladder, of the ducts of the salivary gland, of the vaginal mucous membrane, are examples of metastatic excretion of crystalline bodies from the system, produced to great excess, and thrown off by these vicarious channels.

D. *The latent condition of the characteristics of rheumatic blood.* The morphological characteristics peculiar to rheumatic blood exist in a latent condition in persons apparently well; but when they are exposed to cold the blood vessels contract, catch and detain these abnormal elements, and we have a stasis of the blood, which may be active or passive, and manifest

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itself in heat, fever, pain, swelling, inflammation or passive congestion, effusion, etc., which make up what is known as an attack of rheumatism. The fever may result from the efforts of nature to get rid of the foreign substances and conditions, just as a householder will become hot in expelling from his premises a thief who is difficult to get rid of; or, to use another simile, the attack of rheumatism is like the explosion of a gun, the charge in the gun is the morbid material of rheumatic blood, and the cold is the pulling of the trigger. The charge may be latent in the gun for years, but is there, with its potential energy, ready to become actual from an exciting cause. Just here comes in the practical suggestion: If those who are in health apparently should be examined and find their blood has the morphology of rheumatism in a latent condition or in the pre-rheumatic state, it is a very good time to treat to remove it. As one can draw off a charge from a gun with ease and safety before the trigger is pulled, so is it with the removal of the pre-rheumatic state.

E. *Thrombosis:* Is where masses of fibrin accrete and consolidate, together or not, the red corpuscles, white corpuscles, crystalline and pigmentary bodies, spores and mycelial filaments of vegetations, one or all.

When one considers that the arterial vessels rapidly narrow into the capillaries, $\frac{1}{3000}$ of an inch in diameter, and that the thrombi are driven with the rapidity of a race-horse by the pulsations of the heart, it is no wonder that these floating thrombi become plugs or emboli in bloodvessels and disturb the circulation. It is a wonder, rather, that the system can stand them so long.

This is G. *Embolism.* When the embolus is made up of spores of mycoderma aceti, vinegar yeast, and is caught in the lung tissue, it develops tubercle, and so also in other parts of the body. (Koch's bacillus is only the baby form of the vegetation of the mycoderma aceti, and has been recognized in this country 20 years or more before Koch discovered it.) So senile gangrene of the extremities is caused by fibrinous clots stopping a bloodvessel.

H. *The pre-embolic state.* As thrombi precede emboli, so they can be detected in the blood before the embolism, simply by the examination of the blood. Thus sudden deaths from embolism, specially from the puerperal state, may be averted by the adoption of treatment which removes the acidity of the blood, and this aid alone renders the microscope an invaluable assistant to physicians who are devoted to their profession and is sufficient to redeem the microscope from the title of accursed, as given it lately by a divine of New York at a public meeting.

Remarks. The relation of the morphology of rheumatic blood and fibræmia to disease of the heart is very close, for it is at once evident that increased obstacles to the free circulation of the blood, by the massive fibrin filaments, the thrombi, the emboli, the adhesive white blood corpuscles, the sticky red corpuscles, the gravel, etc., must make more work for the heart to perform, and thus produce hypertrophy, etc. This is more apparent when one considers that if the capillaries of our bodies could be removed, and joined in one straight line, they would reach more than round our globe. This idea will soon be found elaborated in a work entitled, "Trophopathy in Heart Disease," about to appear.

Again, it is very easy to see how pains in rheumatism can be physically caused by the presence of gravel in the blood, whose sharp angular points must cut the delicate tissues.

"The formation of fibrin or the coagulation of the blood only takes place in the vessels when there occurs a slowing of the current or when there is a change in the parietes of the vessels." [1]

The gentleman who made this statement would not have done it if he had been in the habit of studying morphologically the blood of his rheumatic patients for twenty-two years. The fibrin filaments exist in the blood in health, and the elements referred to in this article have been found in the blood of rheumatics, with regular pulsations, who were apparently in a state of perfect

[1] A Treatise on the Practice of Medicine, by Roberts Bartholow, M.D., LL.D., fifth edition, D. Appleton & Co., 1884, p. 248, lines 38, 39, 40.

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health, but who were really in the pre-embolic state. From the rapidity with which these emboli and thrombi disappear from the blood after the treatment, there is reason to believe that many of them are dissolved by natural processes, if there is nerve force enough given for this work.

These remarks would not be made had not Bartholow, in the preface to his fifth edition, loc. cit., stated that his work presumes "to represent the present state of medical knowledge."

ACCUMULATORS AND THEIR MEDICAL USES.

BY ROBERT NEWMAN, M.D.

Synonymous terms of accumulators are storage batteries and secondary batteries, and will be used so in this paper.

These names convey only a vague idea of the nature of these batteries, without really explaining their characteristics. The accumulator is a battery, which first must be charged with electricity by a primary battery, before it can be used, thereby becoming a secondary battery. It is not exactly correct to say that the electricity is stored up; but the fact is, that by changing accumulators, they become reservoirs for electric energy, which can be used at will, and lasts till the electric energy is exhausted. A secondary battery consists of one or a series of accumulators, each accumulator representing one cell.

To make this paper more complete, some terms and electric units used in modern electricity will be explained as adopted at the Electric Congress in Paris, 1881.

Electric Units. A *Volt* is the unit of electro-motor force, the measure for pressure of difference of potential. It is nearly equal to one cell of Daniell's Battery.

The *Ohm* is the unit of resistance, or rate of velocity, the standard of which is a column of pure mercury one square millimeter in cross-section, and 106 centimeters in length, at the temperature of ° C. [An ampere is the unit of current strength or volume; the standard measure of the electric current. An *ampere* is equivalent to the strength furnished by an electro-motive force of one volt, passing through a resistance equal to one ohm ($C. = \frac{R}{E}$)].

A coulomb is the unit of quantity.

It is equal to one unit of current ampere passing in one unit of time (one second); or in other words a current of one ampere in a circuit will produce one coulomb in a second.

A Watt is the unit of energy or force, or equal to a combined volt and ampere.

$$\text{One horse power} = \frac{\text{Amp. x Volt}}{746}$$

A Farad is the unit of capacity. It represents the storage of one coulomb of electricity in a condenser.

A Joule is the unit of heat; it also represents the work done by a watt in a second.

Cell. By a cell we understand the vessel with its contents complete with liquid and elements (or plates), not the receptacle *per se*.

Primary cells, used for Faradic and galvanic batteries, vary very much in their composition; but all have one characteristic when exhausted, the whole or part of the chemicals employed must be renewed, and sometimes the plates also. Types of these are the Daniel, Bunsen, Grove, Leclanche, etc.

Secondary cells are such, which when exhausted, may be revived by simply passing a current through them from a battery of primary cells.

For each cell we have a fluid and plates. Cells proper are generally made of glass or hard rubber. The plates consist of positive and negative elements, made of some suitable substances.

FLUIDS.—The fluids used may be alkaline, acid or neutral, according to the plates employed, and other considerations. In the present storage batteries the fluid consists of diluted sulphuric acid covering the plates to the depth of half an inch above the upper edges of the negatives.

The theory of electric storage is that when water is decomposed by electrolysis the gases are collected in separate receptacles, if the connection with the battery be severed, and the wires lead-

A paper read before the Northwestern Medical and Surgical Society, New York, February 20, 1889.

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ing to the gas tubes brought into contact, a current of electricity will flow through them in the reverse order to that of the original current, the gases at the same time recombining to form water. Thereby the electric energy expanded in decomposing the water is stored up in the gases, and recovered when they recombine. Oxygen accumulates at the positive pole and hydrogen at the negative. The oxygen unites with the terminal, if composed of any of the baser metals, and appears in the combined form of an oxide instead of a gas. But experiment proves that electric energy is also stored up in the oxide, when so formed, and may be recovered from it.[1]

As a primitive storage of electricity we may look to the Leyden jar in principle; which, however, differs considerably from the present accumulators; the Leyden jar becomes charged by induction, the secondary battery by chemical action. The Leyden jar, when used, liberates all the electricity contained in it, as one discharge, while in our present accumulators the electricity can be used in quantities to suit our purpose, commenced, stopped, interrupted at will instantaneously, and even the strength of such current can be regulated.

The principle of our present accumulators was discoverd by Planté, 1860. A modification of Planté's system was made by Faure in 1880, whose storage battery was the first exhibition of a practical appliance, which promised to be used for different purposes. At the present time the best cells in use are in reality only improved Faure's cells, and come under three heads: One has plates composed of lead in a spongy or granular state; the second has lead plates, or some alloy of lead, perforated with holes which are filled with lead compounds. The third type has lead and zinc plates. All lead-plate accumulators are based on the principle of Planté's invention, which represents, also, the type of the first class mentioned.

Planté's system is as follows:

Two sets of lead plates prepared with a view of making them porous are rolled into each other; at the start both sets are identical, and only afterwards become positive and negative respectively. They have luggs either cast on them or put on afterwards to project above the level of the electrolyte, so that the plate itself may be completely immersed. A strip of lead is then soldered to the luggs of all the negatives, and the same is done with the positives destined for one cell. The two sets of plates are pushed into one another, so as to form a compact block, positive and negative alternately, every plate being insulated from the next one by some non-conductor, for which India-rubber bands are mostly used; but they remain joined by the lead strips described above. The block of plates is firmly held together and constitutes a section. The two poles of a primary battery are connected with the accumulator, and by a series of charges and discharges with reversible properties the forming takes place. For charging, a battery is used consisting of a series of Daniel's or Bunsen elements. The principle is to form an oxidation at the positive pole, thereby converting the plates into a peroxide of lead and the positive plate will accordingly become brown, while the negative plate will remain gray. The battery is fully charged when gases are formed at the positive pole (brown color) and escape in small bubbles. If a so-charged battery is left to itself without being used it will deteriorate, by a reduction of the peroxide of lead, and it becomes a sulphate of lead, which can be observed by the brown color at the positive pole changing into a yellow. The chief drawback to this type of accumulator is that frequent reversals are necessary to obtain a good storage capacity, and just when that point has been attained, the plates shortly fall to pieces; that is the limit of the accumulator and its end. The objections, therefore, are that such batteries are troublesome, expensive, and too heavy for portability.

The Second Type (lead plates perforated with holes, which are filled with lead compounds) is unquestionably the most useful, and it is those which are most in use at the present day.

Pasted plates are made in many ways, but the object in all is to pre-

[1] Atkinson: The elements of electric lighting.

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duce an efficient support of lead for carrying the paste. Several companies prepare plates which are almost identical. They consist of lead, or an alloy of lead, cast in plates full of small, square holes, pyramidal in form, with their bases on the surface of a plate minute-glass shape in section, with a lugg to attach the connecting strip of lead, when built up in sections. Now they use an alloy of lead to obtain a better plate or grid, as it is called, the alloy being far stronger than the lead. The plates intended for positives are pasted with red lead, or minium, and sulphuric acid; the negatives with yellow lead, or litharge, and sulphuric acid; the latter is used to make the paste more coherent.

They are now built up in sections by soldering the luggs of a number of positives to a strip of lead. The negatives are treated in the same way. These two sets of plates are pushed into one another, so that positive and negative alternate, and every plate is insulated from the next one. A plate of thick glass is then placed at each end of the section, and two stout rubber bands are made to encircle the whole, one near the top, and one near the bottom, of the section, horizontally. The number of negative plates always exceeds the positives by one, so that a negative is seen at each end; of the remaining plates the edges only are in sight, the plates being about a quarter of an inch apart, positive and negative alternately. There is no connection between the positives except through the leaden strips at the end of the luggs, this being left long enough to join to the next cell; the ends of the luggs with the strip always remain above the liquid of the cell. These remarks also apply to the negatives. The section is now ready for forming. In the foregoing description of the manufacture of the plates I have followed mostly Sir David Salomon's management of accumulators.

Many experiments have been made to improve the Planté's system, and we find accumulators exhibited by the following scientists: Méritens, Pezzers, Sellon & Volckmann, Changy, Kabath, Faure, and Schulze.

Next come the accumulators with only one lead plate by Arsonvals, Boettcher, Sutton; and last, the experiments of accumulators without lead plates by Houston & Thompson, H. Aron, Varley & Dumoncel. The latter belong to the third type mentioned above.

All support plates belonging to the first type were founded on the principle of the oxidation of the positive plates or their conversion into peroxide, so that they soon fell to pieces, which is the objection. The type of the second class differs from the first in that the plates are already prepared in its make, so that the cell is ready for immediate use. Our present useful accumulators belong to this class, and are all modifications and improvements of the Faure system.

The importance of a reliable accumulator will be appreciated best when we consider the many ways in which it can be utilized in all practical appliances of electricity. It has already been extensively used for the following purposes:

1. Electric lighting of buildings.
2. Lighting of railway trains, street cars, and omnibuses.
3. The traction of all vehicles, more especially street cars.
4. The propulsion of yachts, launches and pleasure boats.
5. The lighting of steamers.
6. Running motors of all kinds.
7. Telegraphy, signaling.
8. Medical uses.
9. Electro-plating.
10. General laboratory, etc.

Each of these uses plays a very important part in our domestic and public economy; but most interesting is "Electric Lighting." It is here that its functions as a reservoir of energy become utilized to the greatest advantage; and after a retrospect of not so many years, in which the light for houses and our studies was a tallow candle, we can appreciate more fully the progress of an enlightened community, which has given us electric light as a comfort and a luxury. While this subject is so very interesting, its pursuit is not within the scope of this paper, and we must restrict the further consideration of accumulators to "MEDICAL USES;" which are:

1. Galvano cautery.

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2. Incandescent light for general examination and especial illumination of cavities of the body.

3. Motors, and operating induction coils.

Among the many advantages of the accumulators are:

A. In regard to Light.

1. The greater superiority and steadiness of the light.

2. It does not heat the instruments, and its surroundings.

3. The light is concentrated and does not flicker or smoke.

4. The freedom from smoke and deleterious gases.

B. In regard to Cautery.

5. The cleanliness in contrast with the acid plunge batteries, which often have ruined clothes, carpets and furniture.

6. The battery is always ready for use.

7. It gives a uniform strength of current, from beginning till the energy of electricity is completely exhausted; thereby a platinum burner can be kept at the same intensity of heat during any operation; whereas the primary batteries polarized and the heat diminished during an operation.

8. The amount of heat desired can be regulated by the rheostat.

9. The accummulators are more portable than a battery filled with acid fluid.

10. It saves time and work, being always ready; there is no necessity of making fluid, filling, refilling and cleaning the elements.

DISADVANTAGES.

1. The constant care and use.

2. If out of order the cell must be renewed; it cannot be repaired.

These may be considered by some drawbacks; just as well, as it needs to be an expert to handle the instruments. The accumulators must be used often and it must be charged and discharged at certain intervals. One or a few days intervals will not make much difference, but if a charged cell will be left standing without being used, it may be found entirely useless after a certain time; just as well, as if the cell is left exhausted of energy and not charged again. Therefore the general practitioner, who perhaps uses a galvanic-cautery once in a month will not find the accumulator practical; but the expert and specialist will not complain; on the contrary, will find that he saves time and work. I use the accumulators almost daily, and find the care needed not burdensome, on the contrary, pleasant, and saving time and labor in comparison with the old method. All these disadvantages are reduced to a minimum by constant improvements which inventors make.

PRINCIPAL ACCUMULATORS FOR MEDICAL USE.

In America several types of batteries have appeared, all having as foundation the Planté's system, the plates of all are a modification of Faure, all plates are in cells, filled partially with diluted sulphuric acid. The difference consists in preparing the plates, in which the principal point and secret is to prepare a suitable alloy of lead, instead of lead itself.

Here in New York we have three systems in use, all protected by letters patent, viz.: The Gibson's, the Julien, and the Black Giant. The latter two will be considered here, and introduced to your special attention. I have used them side by side for comparison for some time past, and both have given so much satisfaction that I feel justified in recommending both and showing them to you here in operation.

THE JULIEN ACCUMULATOR

Is manufactured by a powerful and enterprising company, called "The Julien Electric Company," doing business on a very large scale; having the patronage of the Vanderbilt, Pennsylvania and other railroads, and also using their batteries as motors for railroad cars. The inventor is Edmond Julien, a Belgian engineer. His specific claim is that the grids or supporting plates are made of a special metallic composition which prevents oxidation and buckling, giving the battery much greater durability than can be obtained by the use of lead grids. The nature of this composition is a business secret, but some knowing ones say it consists of 94.5 lead, 4.2 antimony, and 1.3 mercury. In commercial circles it is known as "L'Electrique." The company calls it a new

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principle, that of an *inoxidizable support plate.* The Julien accumulator is guaranteed to render efficient service for a period of at least two years, and the company considers it the most durable battery. An instrument of this make I have used for some time, and it has given me perfect satisfaction. It consists of three cells in one case and can be used for cautery as well as for electric light. It is charged by a series of ten Watson cells. The Watson cell is an improved gravity cell, each six by eight inches in size. This primary battery is stationary below in the basement, and two wires running up, representing the positive and negative pole, respectively, are connected with the same poles of the accumulator, when the latter wants to be charged. As a rule the battery is charged during one night. The instrument is also provided with a rheostat, by which the strength of the current may be increased or diminished or regulated for the work to be done. One charge will hold a two-candle power lamp in a state of incandescence for ten hours. I believe that this battery has sufficient power to do all galvanic cautery work for surgical purposes, while the use of the rheostat will regulate and diminish the power to such a degree that the smallest burner can be applied without the risk of melting the platinum. I have used this accumulator for my galvanic cautery sound, also for heavy work. If the operator is attentive and uses the rheostat with care, he will never melt the platinum and ruin his instrument, while he can hold the same heat for any length of time without any polarization. This and other advantages over the primary cautery battery have been mentioned above. Another additional advantage is that this battery can be arranged for quantity as well as for intensity, by plugs inserted in the hole you see here. If the battery is used in three consecutive cells at once, heat in the burner used immediately gives a flash to its fullest extent, which is important for some uses, particularly in the application to the prostate with my galvano-cautery sound; this is the intensity or volt current. On the other hand if the three cells are converted into one cell, the heat comes gradually up to its fullest power, where it will remain during an operation. In the latter case the battery is set for quantity. To a certain extent this battery is portable, that means, one strong man can carry it to the place of operation, if he holds it "this side up." Its weight is about forty pounds. It cannot be laid on its side or upset, in which case the fluid would run out and injure the upper part of the cells.

THE BLACK GIANT ELECTRIC ACCUMULATOR.

Is the invention of Dr. Flick of Brooklyn, and has come more recently to the notice of the public. Each cell is a sealed receptacle, has 8 plates, and is encased in an exterior hard rubber. On top is a small hole in which a $\frac{7}{8}$ inch high tube is placed, which has the function as a ventilator to allow the free escape of gases. This opening can be closed by any kind of plug or cork, which prevents any leakage during a transportation. In the middle of the top are two projecting arms, nickel-plated, which are the two poles, with binding posts used for storing as well as for discharging. The cell is round, $8\frac{1}{2}$ inches high, 4 inches in diameter, with a circumference of 13 inches, and weighs 10 pounds. It can be used single or in combination. A battery of two such cells is powerful and sufficient for almost any surgical galvano-cautery operation.

From trials made, I believe that two cells give nearly as much heat as three cells of the Julien accumulator. One cell, when fully charged, is equal to $2\frac{1}{2}$ volts, and can be discharged at the rate of from 5 to 20 amperes, according to the use desired, and has a capacity of at least 30 ampere hours.

This battery has also a rheostat attached.

The plates are made of an alloy of lead, the composition of which is also the secret of the inventor. It is a very neat battery and has given me entire satisfaction. A particular advantage, which would make it useful to the general practitioner, is that in the Black Giant accumulator no local action takes place, and there is no loss of power when standing unused; and it may be allowed to stand many months empty and will readily charge again. How

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long it will retain its power I cannot say; but from experiments made myself I know that this accumulator was discharged and idle for nearly three months without losing anything in its power, was charged readily again and to-day is just as good as ever in its start. These accumulators are now manufactured by Meyrowitz Bros., 23d Street and 4th Avenue, New York, and are also for sale at B. Blum & Co., 5 and 7 Dey Street, New York, and other dealers.

The inventor claims that the Black Giant excels all other accumulators in the following points:

1. Its electrodes or plates are non-corrosive and consequently indestructible.

2. The composition of its plates and its method of manufacture prevent local action and consequent loss of capacity to receive, retain and develop a high tension and a great quantity of current.

3. It is durable, reliable and constant. The plates do not enter into the chemical action involved in the operation of the cell, but remain non-disintegrable conductors.

4. Its capacity is greater in proportion to weight of cell than that of any other.

5. Its mechanical construction and appearance is superior to any other. The cell does not leak, the terminals or plates are thoroughly protected from corrosion, and consequently permanent.

6. The cells in transportation can be placed in any position or upset without being injured or leaking.

Both instruments, Julien as well as the Black Giant, are good practical accumulators which I can recommend. Both claim their instruments are the best and most durable. Progress is constantly made, and while we discuss here the merits of each, an improvement may greet us on awakening in the morning

In determining the degree of intensity of a current required to heat a platinum wire to a point sufficiently hot for the purposes of operation with galvano-cautery, it is impossible to say how many degrees Fahrenheit are necessary, obviously, since for some operations a wire heated to a dark red is sufficient, while, for others, the wire must be brought to a white heat, yet not carried to such a degree as to melt the wire. The intensity of an electric current being measured only by electric units, it is but the sign of dense ignorance of electric laws to ask how many degrees Fahrenheit are necessary to produce a given result in electricity, because the thermometer is not a measure of electric force.

All operations can be made with the accumulators where galvano-cautery can be used, with platinum burners or with the galvano-cautery ecraseur with platinum wire. For most operations of the latter kind a No. 22 wire is used, while a No. 20 or 24 may be indicated, according to the work to be done.

II. INCANDESCENT LIGHTING

Is one of the most interesting applications of the storage battery. It is here that its functions as a reservoir of energy become utilized to the greatest advantage. Electric illumination is carried on upon a large scale by dynamo, accumulator or both combined. Lights supplied direct from a dynamo are unsteady, uncertain and flickering, and the wires of such a current are dangerous to life by its large electro-motive force. A type of this is the Brush system, which flickering, unsteady lights can be observed in our streets, and the newspapers report many cases of death by loose wires coming in contact with a human body. On the other hand, the light furnished by accumulators is perfectly steady, and the current can be regulated with great certainty, so that we are enabled to use it for medical purposes. The Edison light is the type of this, which is used for illuminating our houses, and has 100 to 110 volts. The storage battery is, in fact, an equalizer and regulator to the dynamo, besides acting as a reservoir of accident, which is liable to happen with the best machinery. It is evident that in incandescent lighting for medical instruments, we can use the accumulator only.

Lighting apparatus for surgical instruments do not require so much room, and an electric lamp can be brought into nearer proximity with the parts of a human body under examination than any other lamp, and it also permits the eye of the operator to get nearer the

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point of observation, by which means a closer and more thorough examination becomes possible By the aid of lenses, pictures can easily be enlarged, and finally very fine photographs of the cavities of the human body can be obtained. H. Fenwick, in London, has improved now his apparatus to take photographs of the interior of the bladder. The best instruments for illuminating the cavities of the body by incandescent light are now made by J. Leiter, of Vienna. We find among his instruments the following:

Lamp for the forehead.

The lamp used for these instruments gives a light equal to from ten to twenty standard candles. It can be removed from its holder and connected with a handle, so as to be used as a hand lamp. It never becomes heated.

Laryngoscope; can also be used for dental operations.

Rhinoscope.

Tongue-depressor.

Gastroscope, after Mikulicz-Leiter, to examine the stomach.

Speculum, with incandescent lamp.

The lamp is carried on a spring, which can be clamped to any speculum.

Leiter's panelectroscope, for male and female urinary organs, ear, nose, œsophagus, rectum and vagina, is a universal lighting apparatus. The same apparatus will illuminate either of the organs mentioned, if an appropriate tube for the purpose is attached to the end of the instrument. As you see here, on removing the metal plate and screwing on a mirror in its place, we have a laryngoscope, and in turning the same, it can be used for lighting up the nasal cavity. The panelectroscope differs from other endoscopic instruments in the mirror being placed behind the lamp, and its concavity permitting of concentration of the rays of light coming from the lamp upon the object. The operator looks over the upper edge of the mirror in through the respective tube. The lamp stands here free, not encased or obstructed above, which has the advantage that the instrument will not be heated, even if the lamp is kept burning for hours.

The most important novelty is Leiter's improved *Cystoscope*. This excels all former apparatus by superior workmanship and finish, has a far greater illuminative power, can be used in a bladder full of fluid, will burn steadily a long time and in every way gives the greatest security. Two instruments are made, one for examining the posterior part, and the other the anterior surface of the bladder, the light being respectively on the concavity and convexity of the instrument. By aid of the cystoscope a surface of the interior of the bladder of 100 to 200 millimeters can be very distinctly seen at once.

The size of the tube is No. 22 French; but it is also made of a calibre of No. 40, which is very useful in the examination of the female bladder.

Cystoscopes must not be left burning for any length of time in the open air, as in that case they become heated. If, however, that part of the apparatus containing the lamp is surrounded by water, the cystoscope may be kept burning for hours before it becomes perceptibly heated. To be examined with such instruments, the bladder always ought to contain 5 to 8 ounces clear water.

I have here a phantom bladder filled with six ounces water, in which I have placed some objects which are for your inspection with the cystoscope, which is now lighted up with the accumulator. We need 3 to 4 cells to produce a brilliant light, which is regulated with the rheostat, according to the resistance of the lamp. The latter is placed near the curve of the instrument, by which the light is introduced directly into the bladder and not by reflection through mirrors, as was the case with all former instruments. Leiter furnishes a plunge battery with acid and bichromate of potassa for the generation of the electric current; but our demonstration here will prove that the accumulators do the work perfectly, and once adjusted give a steady light uninterruptedly for hours, while a plunge battery, with acids, necessarily will polarize and must constantly be readjusted. There is no question that the incandescent light, including the Mignon lamp, is an American invention. Yet we are unable to procure any incandescent lamp made in this country that is of any practical value, though many are made here, yet all are defective in one way

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or another, some bursting without warning and without apparent cause save defective workmanship, and all fail to give light sufficient for the required purpose.

It has fallen to the hands of skilful instrument makers of Europe to furnish us with a lamp yielding the best light with a greater resistance, thereby making the lamp more durable and less liable to breakage.

Among good lamps are some manufactured by J. Leiter in Vienna, P. Hartwig of Berlin and K. Schall of London.

Leiter furnishes with his cystoscope a longer tube, for deeper inspection; but as he thereby alters the arrangement of the lenses, he also disturbs the focus so that the point to be examined is not shown as distinctly as in the regular tube.

We have also in the market Nitze's cystoscope, which is nearly identical with Leiter's. Yet Nitze's has this advantage over Leiter's that the instrument, while in the bladder, may be turned around so as to make examination of posterior and anterior surfaces, while with Leiter's a different instrument must be used for each examination. Notwithstanding this disadvantage, many prefer Leiter's instrument, myself being among those.

The cystoscope possesses nearly the same disadvantage that existed in Desormeaux, endoscope, viz.: an abrupt curve which is sometimes difficult for the operator and painful for the patient in introducing it into the bladder. Could the fenestrum be arranged in a gradual curve like the steel sound much disadvantage would be overcome.

The cystoscope in the present condition can only be used in examination and for diagnosis.

Could it be modified so as to enable the physician to make a diagnosis and operate at the same time, the instrument would be the ideal of perfection. We sincerely hope that this instrument may shortly be brought to this state of perfection.

New York, 68 West 36th Street.

The Mexicans who pronounce American lard impure and unfit for use don't know what they are talking about. American lard is all right—it is only the alleged American lard that needs reforming.—*Philadelphia Press.*

TRANSLATIONS.

LA MISSION DU DR. STERNBERG AU BRESIL.

Refutation du rapport public par un médecin dans le *Medical News* de Philadelphie, le 28 Avril, 1887.

PAR LE DR. DOMINGOS FREIRE.

DR. FREIRE at the outset of his monograph states that if Dr. Sternberg's instruction were directed to the special study of his methods, the latter's manner of proceeding, by forming an alliance with a physician known to be his personal enemy, was certainly not calculated to show the impartiality befitting a man of scientific attainments, much less one having received a mission from the American Government. After quoting the following from Dr. Sternberg: "I have to consider the possibility of absorption, by the respiratory tract of a toxic volatile agent, or by means of the skin of a venomous ptomaine formed upon the surface of the body by a specific micro-organism, which organism does not itself penetrate into the interior," our author expresses his surprise as to the ignorance exhibited regarding the nature of a ptomaine. It is well-known, he continues, that during the period of invasion of yellow fever the skin is hot and dry, whereas if there was a ptomaine it ought to be moist and clammy. Again, the reaction of the perspiration in this malady is acid and very acid, and if a ptomaine were present the reaction would be alkaline. The absorption by the skin spoken of is regarded as very questionable, as if it occurs at all it is so feeble as to be denied by many physicians.

The conclusion arrived at by Sternberg, that up to the present day researches made have failed to prove the constant presence of a micro-organism in the blood and tissues of persons attacked by yellow fever, and secondly, that Dr. Freire's micro-organism is not found, as he states, in typical cases of the disease in question, are treated as statements offered without proof; for the reason that he contents himself with saying that in future more exact methods should be employed, "whereas in reality," continues Dr. Freire, "I have

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never given Dr. Sternberg the pleasure of making my researches in his presence." He confesses besides that it would be highly desirable that several culture mediums should be inoculated with materials taken with all necessary precautions from different organs, and at as short a time as possible previous to death. In view of the fact that Dr. Sternberg has denied the truth of the existence of said organism in the blood, it is interesting to note that he admits that it is necessary to verify this point, for the reason that he confesses never having performed a single autopsy in order to convince himself of that which he states to be untrue. My conclusions, therefore, remain the same. I continue to affirm that in the viscera of those having died of yellow fever, as well as in the blood and also in the black vomit (*vomito negro*), there exists a micrococcus that can be followed out in all its developments.

"Further on, Dr. Sternberg states that at Havana in 1879, in Brazil and in Mexico last year, he has examined numerous sections of liver and kidney in typical cases of this malady, without having found the 'cryptocoque xanthogenique.' But where do these specimens come from, if no autopsy has been made? I will explain to the reader. They were given him by his friend, Aranjo Goes, and in his sections he finds not my cryptococcus, but the micrococcus of Bates. Now as cryptococcus and micrococcus are synonymous terms, according to Cauret, Cazin, Pizarro and other botanists, and as the micrococcus described by Bates has the same morphology as the one described by me, it follows that Dr. Sternberg found my xanthogenic cryptococcus, thereby confirming my observations, according to the mathematical axiom, that two things equal to a third are equal to each other."

The reader is here referred to extracts from Cornil and others, as well as to different plates bearing upon the point at issue. Dr. Freire goes on to show that the reason Bates could not specify the nature of the micro-organisms was due to the fact that his specimens were not fresh, having been transported from Brazil in alcohol, and that his (Freire's) observations go to prove that, once dead, the micrococcus rapidly loses shape, unless preserved in balsam of Canada. The question of having mistaken blood corpuscles and debris for the organisms is passed over as unworthy of notice, and in return it is stated that it is more probable that Dr. Sternberg has allowed foreign germs to enter his cultures, which he brought with him to Baltimore. It is claimed (contrary to Dr. Sternberg's views) that the multiplication of micrococci by division is not the only method of their increase. The fact is also pointed out that the cultures remaining in his laboratory, after his departure for Paris, were the ones which he had purposely rejected. Dr. Freire repeats his assertion that the characteristic black vomit is due not to the presence of altered blood in the stomach, but to a pigment produced by this micro-organism. This observation, first made in 1880, has since been corroborated by several observers; among others, MM. Rebourgeon, Issartier and Artigalas.

Our author continues:

"This pigment does not manifest itself in cultures of agar-agar, which happen to be the only kind I have seen Dr. Sternberg make; besides, his methods are open to criticism, for the reason that he always seals his tube with the lamp; whereas it is necessary for the air to penetrate the tube (filtered through sterilized cotton) to allow for the development of the microbe. This is quite a common fact in biology; as, for example, if we remove the oxygen from the bacterium aceti, instead of obtaining vinegar, we will have something entirely different. Each micro-organism requires special conditions for its development; and that of yellow fever, when primarily cultivated on agar, requires many transplantations on gelatin to produce considerable quantities of this black pigment. So that I am compelled to imagine that Dr. Sternberg must have taken to the United States some form other than the xanthogenic micrococcus.

"As regards the statement of Dr. Sternberg that my experiments on animals, conducted in his presence, failed entirely in demonstrating that the micrococcus brought from Paris possessed any special power, I must sim-

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ply deny the fact in its entirety. When on my return from Paris I found Dr. Sternberg in my laboratory, I frankly acknowledged that he had come to Brazil at a bad time, as no epidemic was then prevailing; and that, consequently, it would be necessary to revive the virulence of the microbe which I had cultivated in Paris after having brought it from Rio, and subsequently to diminish it to show him the preventive effects on animals. These experiments were conducted during the limited space of time left at my disposal before Dr. Sternberg's departure (twenty days), and of four guinea pigs which were finally inoculated, four deaths followed respectively in five, six, nine and eleven hours. Their autopsy revealed the presence of micrococci in the different organs, principally in the liver and kidneys. I then offered to show Dr. Sternberg the successive increase or diminution of virulence, so as to exhibit the practicability of using the same as a method of vaccination; but received from the doctor the answer that he would be unable to continue the experiments on account of his approaching departure in a few days, and that he would have to content himself with inoculating different guinea-pigs with a culture which I should judge to be attenuated. This was accordingly done, and with his own hands he performed the inoculation on three animals. None of these three died, but at successive examinations remained in perfect health. My intention was to show to the doctor that these vaccinated animals would resist the inoculation of the pure virus, and if I did not do so it was not my fault, but on account of the haste to leave exhibited by Dr. Sternberg.

"It is a well-known fact that the xanthogenic micrococcus propagates itself by spores, and it has been shown that these spores are well capable of resisting high temperatures. Consequently, why is Dr. Sternberg astonished that a guinea-pig inoculated with one drachm of virulent blood containing the yellow fever germ should succumb in six days, especially when this blood has been heated to the boiling point for only a few minutes? M. Sormani, of the University of Pavia, has proven that milk containing the bacilli of phthisis, heated to ebullition, can still communicate phthisis to guinea-pigs. Besides which, the ptomaines resulting are not decomposed by heat, and will conserve their power indefinitely, as shown by M. Gamaleia in cholera and M. Chantemesse in typhoid fever. The statement made that the microbe of yellow fever is without movement is accountable by the reason that Dr. Sternberg has observed the micrococcus only in a solid medium, which of course goes to prevent the same."

In concluding his arguments, our author only regrets that he did not call upon a number of his colleagues to be present in order to witness these experiments.

Under the head of Preventive Inoculations, we are treated to a series of statistics, from which we extract the following mortality lists for the years 1884, 1885 and 1886:

Died in 1884:
Foreigners not vaccinated, 577.
" vaccinated, 7.
Brazilians not vaccinated, 73.
" vaccinated, 0.

Vaccinated the same year:
Foreigners, 307.
Brazilians, 111.

Of an estimated number of 121 foreigners that were attacked by the malady, only seven deaths occurred (5.7 per cent.), instead of 42, which would represent the average mortality of 35.9. One hundred and eleven deaths would represent the average mortality upon the Brazilian; whereas we have no deaths.

Died in 1885:
Foreigners not vaccinated, 200.
" vaccinated, 0.
Brazilians not vaccinated, 78.
" vaccinated, 0.
Vaccinated the same year:
Foreigners, 865.
Brazilians, 2186.
Mortality of epidemic, 20 per cent.

Died in 1886:
Foreigners not vaccinated, 1079.
" vaccinated, 5.
Brazilians not vaccinated, 818.
" vaccinated, 3.

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Vaccinated the same year:
Foreigners, 710.
Brazilians, 2763.
Mortality of epidemic, 38 per cent.

The last portion of our monograph treats principally of the morale of the question; but space does not permit us to continue the subject any further.

THE THERAPEUTIC ACTION OF SULPHONAL,

By M. Le Professor H. Mairet, of Montpellier.[1]

In view of the results obtained on animals and on man in a healthy state, sulphonal has been placed in therapeutics as a hypnotic. It is almost exclusively for this purpose that it has been employed heretofore; but some authors have used it as a sedative and analgesic.

Dr. Otto[2] reports having obtained some good results with it as a sedative, in the prolonged agitations of the insane.

Dr. Cros[3] de Lamalon has given it in doses of from one gramme in the pains of tabes; but the effects produced have been less marked than those of antipyrine, although as a hypnotic he has had some good results from it.

Again, Drs. Wilson and Hutchinson, of Philadelphia, have procured by doses of 20 grains a deep sleep lasting for 6 hours in a woman suffering from violent headaches. These authors have also reported that a like dose given at the beginning of a sea voyage prevented sea-sickness.

But this sedative and analgesic action has been contested by various authors, the sedative action by Salgo[4] and Mathiès.[5]

I have used in the cases of many restless patients, fractional doses of sulphonal, to diminish restlessness. I have obtained a certain result, but the diminution of the restlessness was not due to a true sedation; it was due to a condition of weakness with intellectual hebetude, which could not be prolonged without danger to the patient. Although further researches may develop the sedative uses of the drug, the therapeutic interest now centres upon its employment as a hypnotic. It is from this point of view only that we will study it.

Before indicating the results which have been obtained by myself and others, some words must be said concerning the posology and the pharmacology. Sulphonal is insoluble; it is then necessary to administer it in bulk, but owing to absence of odor and taste this is easy. It is pulverized so finely that the patient can take it in any vehicle, even in water. Many recommend a warm drink; warm water facilitating the solubility of sulphonal. Others recommend a mildly alcoholic drink, alcohol also favoring its solubility. For ourselves, we have given it in sweetmeats, and generally it has been taken readily, those only objecting to it who, by reason of their psychic state, will refuse all alimentation. Many physicians administer sulphonal at the evening meal, mixed with the food. Kast, however, prefers to give it after the repast, to avoid an accumulation which might produce tardy and unexpected effects.

We have always given it about two hours after the repast, and in a single dose.

The tardy action of sulphonal, which we have formerly shown, shows that this substance may be given a long time before the retiring, although it is necessary to remember that the same experience shows that if, after the first dose, the effects of sulphonal are slow to show themselves, the second or third may be different.

These views established, let us see the results to which the authorities have arrived.

In the hands of Kast sulphonal has produced the best results in those cases of insomnia due to causes of the most diverse nature, affections acute and chronic, paralysis agitans, phthisis, mitral insufficiency; but particularly in nervous and febrile insomnia. Kast considers it as not a narcotic, but as a

[1] From the advance sheets furnished exclusively to the *Philadelphia Medical Times.*]
[2] Otto. Société Psychiatrique de Berlin, 20th Juillet, 1888.
[3] Bull. de Ther., 30 Nov., 1888, p. 474, 475.
[4] Salgo, Wiener Med. Wochens, 1888, No. 2.
[5] Mathiès, Centrablatt fur Klin. Med., October, 1888.

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hypnotic; whose action manifests itself principally when there is already an inclination to sleep, or where the periodic need of sleep is already felt.

The least dose necessary to produce sleep is 2 grammes, but with many patients a gramme has been sufficient.

In a lapse of time varying from ½ to 1 hour comes a sleep profound and calm, which lasts from 5 to 8 hours, and on awakening the patients feel no unpleasant sensation. In this dose, as shown by physiological researches, sulphonal produces no ill effect on the system; the respiration and the circulation are unimpaired.

Eight days after Kast, and in the same journal, Rabbas,[1] physician of the insane asylum at Marbourgh, gives an account of the results he obtained from sulphonal, employed as a hypnotic in 27 patients, affected with various forms of mental aberrations, and in order to give a better account of the value of this medicine, Rabbas uses it comparatively with other hypnotics, paraldehyde, hydrate of amyline and chloral.

In 22 cases out of the 27 Rabbas has obtained a complete success, and that even with those cases accustomed to narcotics. The sleep produced is absolutely normal. It comes generally in from ½ to 2 hours after administration, lasts without interruption from 6 to 8 hours, and sometimes is prolonged during a part of the morning.

In a dose of from 2 to 3 grammes, sulphonal has an efficacy more certain than that of hydrate of amyline, or of paraldehyde; even administered in larger doses, and by the absence of odor or smell is better borne than these other remedies. It excels even chloral; if this latter causes sleep more rapidly, the sleep is of longer duration than that produced by sulphonal, which has besides the great advantage of producducing no bad after-effect upon any organ, particularly upon the heart; which is not the case with chloral, whose employment is always to be questioned on account of the depressing action upon this last organ.

Oestreicher has administered sulphonal to fifty patients suffering with insomnia from various causes, particularly morphinomaniacs. The results which have been obtained confirm those of Kast and Rabbas.

Like these authors, he has found sulphonal an excellent hypnotic, without disagreeable phenomena, and whose lack of taste gives it an advantage over amyline and paraldehyde. Perhaps it is not always absolutely sure in its action, but usually this action is equal to that of chloral in that it is free from danger in affections of the heart. Only according to Oestreicher the dose of sulphonal necessary to produce sleep is larger than Kast has mentioned; it is necessary to give from two to three grammes once only. He has obtained sleep with 1 gr. 50.

Sulphonal is then a powerful hypnotic, and one which, in mental alienation particularly, is called on to play an important role. It acts in the insomnia due to functional affections as well as in those due to lesions of the nervous system. It acts also where the restlessness is very great, and in cases where all other hypnotics have failed. But to avoid the secondary effects which it produces and which forbid its long-continued use, it is necessary to administer it in a certain manner. It is necessary to give it only for a day or two in the large doses which are needed to produce sleep during the first days, then to diminish the dose considerably.

The importance of the results we have obtained in proceeding in the manner indicated renders it necessary to enter into some considerations of this method.

1. It is necessary to give sulphonal in large doses only for a day or two. The reasons for this are very easily understood, since the secondary effects of the drug generally show themselves the third day, or, at least, are of no great importance until that time.

But what is to be understood as a large dose? In certain cases a dose of from two to three grammes is as large as in other cases a dose of four or five grammes. That depends on two causes: the degree of resistance in the patient and the intensity of the restlessness.

When the degree of resistance is feeble and the restlessness is slight;

[1] Rabbas, Berlin, Klin. Wochenschrift, April 28, 1888.

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three grammes, and even two grammes, of sulphonal can be considered as a large dose. When, on the contrary, the subject is vigorous and the restlessness marked, these doses are feeble and it is necessary to increase to four, five, or even six grammes.

2. It is advisable then to diminish the doses. In my observation I have found that no matter what the primary dose was, it is best to reduce it to one gramme. This last dose has not been fixed by chance; a dose of two grammes is too large, because its action, added to the first dose, produces still some secondary effect.

3. The dose of one gramme can cause sleep during a number of days, but its effects vary according to the case. According to one it has produced sleep for nine consecutive days; according to another, for six days; according to a third its action has become insufficient in about four days; and by other authorities in three. In the great majority of cases, but not in all, this variability of action is explained by the intensity of the agitation.

Perhaps it may be thought the same results might be obtained by discontinuing the medicine during a certain number of days after the administration of the large doses. This will be, in my opinion, an error, since experience shows that the favorable effects of sulphonal are lost after a day or two.

At the moment one becomes accustomed to the action of sulphonal, it is only necessary to return to the first dose and sleep will return. This proves, it seems to me, that if there is a tolerance of sulphonal, it must be slight, since there is no more need of increasing the dose the second or third time than the first.

A NEW SYMPTOM OF PERICARDITIS.

Dr. E. Pins, speaks of a new symptom of pericarditis in the following manner:

By percussion of the patient in a sitting position, on the left back thoracic wall, one will not seldom find, from the angle of the scapula downwards, the percussion sound dull, tympanitic or wholly hollow. This hollow percussion sound extends downwards direct into the dulness of the spleen, and extends to the side of the axillary line, from where it changes either into the full percussion sound of the lung or in the dulness of the heart.

The percussion dulness is best heard over an area as large as a dollar, which extends about three fingers' breadth from the lower angle of the scapula; below, about two fingers' breadth from the periphery of the lower lung, and to the right by the spine of the vertebra.

On auscultation one finds, at the point where the percussion dulness is the greatest, marked bronchial breathing, the vocal fremitus increased, and in the centre of the dulness plain bronchophony.

No friction sound can be detected in the region of dulness.

If you let the patient bend over to the front and examination is made again after a few minutes, you will find that the above mentioned percussion sounds have changed considerably; the dulness does not reach up to the angle of the scapula; one finds instead, at the point of the former dulness, about three fingers breadth below the scapula, full percussion sound; at the point of the former absolute dulness, the percussion sound is now tympanitic, the bronchial breathing is wholly or partially disappeared, instead of which one will hear uncertain breathing.

The same change in percussion and auscultation, although less accurate, takes place, if one puts the patient on his left side. The changes in percussion and auscultation are very characteristic, in the knee-elbow position of the patient, if the dyspnœa will allow it. After the patient has been for some minutes in this position, the dulness, up to a small streak, at the periphery of the lung below, will have nearly all disappeared; at the point or place where formerly bronchial breathing was heard, crackling sounds will be heard, which, however, after a few respirations, disappear and a normal vesicular breathing takes place.

This phenomenon, after the pericarditis has existed for some days, is not demonstrable; long before the disappearance of the other symptoms of pericarditis. The cessation of the same occurs with the improvement in the subjective symptoms.

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If the pericarditis take an acute course one can recognize these phenomena for three to six days; though, if the disease takes a protracted course, they can be longer demonstrated. These phenomena are almost exclusively seen in young individuals of slender build with small antero-posteriorly or flat thorax, and where the other phenomena of pericarditis are clearly shown.

He explains these phenomena in the following manner: the fluid in the pericardium pushes the heart backwards. This, as well, as the pericardial fluid press, in the reclined position of the patient, on the left lower lobe of the lung, so that all the air is expelled; that part of the lung on which the heart rests is the most compressed.

Therefore the relative flatness on the lower left side in large expansion, and a small absolute flatness in the centre of the first, with the consecutive sound phenomena, bronchial breathing and bronchophony, are explained.

By alteration in the position of the patient the pressure on the lung will be less, and air gains entrance again in some parts, and the sound in the former region of dulness will be fuller. Again in the upper, the entrance of air in the formerly collapsed alveoli causes a crepitus in the same; therefore the first inspirations are found to be accompanied by crackling sounds, which, however, soon disappear as soon as the alveoli are permanently opened. The more the patient bends forward, and the more the compressed lung is released, as in the knee-elbow position, the more prominent will be the difference in auscultation and percussion.

The symptoms are nearly alike, by a physical examination, in pneumonia and pleurisy, though here we have the characteristic initial chill, the sputum and the rattling sound, which are absent in pericarditis; against pleurisy is the exquisite bronchial breathing, the increased fremitus, and absence of friction sounds.

But to exclude with accuracy the above two diseases, note the change in physical examination which takes place on altering the position of the patient.

TREATMENT OF DIPHTHERIA.

DR. VON LICHTERMAN treated over 300 cases of diphtheria in the following manner, with very good results:

He took the largest room in the house of the patient and disinfected it with chloride of lime; then, after an hour, ventilated it and put the patient in.

The treatment begins with a footbath of a temperature of 86°, with two tablespoonfuls of mustard flour. After the bath the patient is wrapped in a woolen blanket, so he gets in a good sweat for two or three hours; footbath is to be repeated every evening. The local treatment consists: (1.) in swabbing the pharynx with a solution of salicylate of sodium in glycerine (1.0 in 2.0) four times daily; (2.) gargle with a watery solution of chlorate of potash (6 in 180) every half hour. Internally he gives two mixtures. The one consists of:

℞ Potassii chloratis.....gr. xlv.
Aquæ destillatæ.....℥ vss.
Syrupi.....℥ j.
M. Sig. ℥ j every hour for child under two years; ℥ ij for child above two years.

The second consists of:

℞ Acidi hydrochlorici.....m xlv.
Aquæ destillatæ.....℥ vss.
Syrupi rubi idæi.....℥ j.
M. Sig. To be taken in the same doses immediately after the first medicine.

At the same time a spray of phenic acid (3 to 100) should be used. The patient should spit in a cup, which also should contain a solution of phenic acid (5 to 100). After twenty-four hours, under this treatment, the temperature sinks down to normal, and in forty-eight hours the false membranes disappeared completely.

—*El Siglo Medico*, 7, 18, 88.

METALLIC MERCURY IN HERNIA.

SOREL reports a case of inguinal hernia, which was reduced by taxis, but the symptoms of obstruction persisted, even after calomel and jalap had been given in full doses, and enemas used. While an indubitable diagnosis could not be made, the opinion was that there had been reduction *en bloc*. Ice was used externally and internally, with enemas of tobacco and of purgatives, given with a long tube, and three grains

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of extract of belladonna in twenty-four hours. This treatment was continued for many days, the vomiting ceasing, but the tympanites persisting, and no stools occurring. The induced current was used ineffectually; as well as other purgatives, nux vomica, and many punctures of the intestines to remove the gas.

Two weeks elapsed and the patient's condition became critical, when 150 grammes of metallic mercury were given. This was followed by small stools, but it was only after eight days more that a free evacuation was finally secured. Only traces of the mercury were voided, until the sixteenth day after it had been administered.

—*La Normandie Med.*

CHLOROFORM IN PNEUMONIA.

In two cases of croupous pneumonia Dr. Stepp used chloroform with very good results in the following manner: Of solution of chloroform in water or syrup, one to 150, he gave two tablespoonfuls every hour; so that in 4 days 90 grains of chloroform were used. Temperature never rose above 103°, and this only for once. Respiration reached 60 in a minute at that time. Pulse was excellent: 84, 88, 72. Crisis occurred on the fifth. In six cases of typhoid fever chloroform gave good results in the above mentioned doses. The temperature fell, and long remissions set in, and convalescence soon followed. The patients did not fall into the semi-unconscious state, and they looked after 3 or 4 days fresh and well.—*N. 8. Münch. med. Woch.*

EFFECT OF ACIDS IN BRIGHT'S DISEASE.

A man aged forty years, affected with chronic catarrhal nephritis, complained of violent headache and a disagreeable sensation in the kidneys, pulse hard, bruit de galop in the left heart, urine scanty, rich in albumen red corpuscles and epithelial casts. He had been some days suffering with gastric catarrh, pyrosis, etc., for which he had consulted a druggist. The latter, who was quite well informed as to the latest theories, gave him a solution of hydrochloric acid to take at his meals. On the third day he had such an exacerbation of his renal trouble that the physician was called. The milk-diet soon restored the *statu quo ante.*

—*Revue Med. de la Suisse Romande.*

CHLOROFORM IN ULCER OF THE STOMACH.

Dr. Stepp used in ulcer of the stomach a mixture of chloroform and bismuth subnitrate with very good results. He made a mixture of bismuth subnit. 150.0 to chloroform 1.0 part, and gave this every hour, later three times daily two tablespoonfuls.

The cardiac pains soon ceased and vomiting stopped, and a feeling of hunger soon appeared.

He thinks that chloroform water, which is a disinfectant, an astringent, a hæmostatic, and mild irritant, is indispensable in ulcer of the stomach.—*N. 8. Münch Med. Woch.*

Prof. Dr. H. Kunz—*Arch. d. Pharm.*, 1888, p. 307, says that concentrated solutions of morphine and iodide of potassium or bromide of potassium decompose each other, with the precipitation of morphine hydriodate or morphine hydrobromate; and, therefore, calls attention to the fact, and urges to avoid as much as possible the prescription of the above mentioned salts in watery solutions, or to avoid the precipitation of the morphine hydriodate, or of the hydrobromate by adding some alcohol to the prescription.

Dr. Clemens—To prevent coma in diabetes, he gives the patient from one to two ounces of lime water daily. Patient takes a swallow occasionally until the above quantity is taken. The sugar diminished in the urine, and the acidity of the stomach disappeared under this treatment.—*Med. Ztg.*

HOSPITAL NOTES.

CASE OF OOPHORECTOMY.

Goodell said: Gentlemen—The patient I bring before you this morning is a hard working woman who suffers greatly with pain in the right side, much increased at the menstrual period, and with uterine hemorrhages.

I have decided, on removal of the ovaries, to bring about a cessation of the menses.

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The abdomen is cleansed in our usual way, and I make the incision in the median line down to the tendon, and then to the peritoneum.

Picking up a fold of the peritoneum and making sure that it is free from the bowel wall, I open it and find the womb not so much enlarged as I expected, and bearing a small fibroid tumor on its posterior portion.

On the left side there are some adhesions, but none on the right; this is the more curious, as all of the pain was referred to the right side.

In ligating the pedicle, I shall tie my ligature as close to the womb as possible, because there is said to be a nerve there which may give rise to continuance of menstruation. The pedicles are ligated by modification of the Tait knot.

In the Tait knot the needle is passed through the pedicle, carrying the loop of the ligature, which is seized and the needle withdrawn. The loop is then passed over the tumor and drawn tight, with one of the free ends of the ligature above it, the other below. The free ends are then carefully tied, passed around the pedicle, and again tied on the opposite side.

My method is to first pass the loop of the ligature around the pedicle, then pass the free ends through the needle and return them by piercing the base of the pedicle, completing the knot in the usual way. I find this much more satisfactory, especially in the case of a tumor of large size

Thus we do with two knots what in the old way, with a double ligature, took three.

A most excellent Western physician has lost two patients whose death he attributes to the use of the Tait knot; but I believe that the reason he and others dislike it is that they do not know how properly to apply it.

With the first tie I do not make a surgeon's knot, as it takes more force and does not run so smoothly. With the second tie, however, I use the surgeon's knot and draw it very tightly, as in it, it does not make so much difference if the ligature does break.

In cases where there is a broad pedicle, and once is not sufficient, the needle should always be passed through an odd number of times, three or five, but never two or four.

My assistant is giving this patient chloroform, and the apparatus he is using, which I like very well, is that of Junker. Each compression of the bulb throws about a minim of chloroform into the rubber cup which covers the face.

In closing the wound I am very careful that no part of the bowel wall is included in the sutures, and that no foreign body is left in the abdominal cavity.

The cotton which I use in the dressing has just been baked in an oven, for the purpose of destroying germs, for, after all, the best germicide, about which there is no dispute, is heat.

In the course of the after-treatment of these cases I look anxiously for the escape of gas from the bowel, and no matter how audible, it is the most welcome sound we can hear.

Another thing, gentlemen, unless you intend to pursue gynæcology as a specialty and become laparotomists, it is not right for you to take these cases that may come to you from time to time, and operate on them. A short time ago I received a letter from a physician in a small town in which he also had a drug store, and who in his whole life-time will not have the opportunity of performing laparotomy more than a half-dozen times, asking me if I could not teach him on the cadaver to do these operations.

The most successful laparotomists are the most experienced, and it is only within a few years that I have obtained such excellent results. When I look at my earlier cases I am grieved to see how great was the mortality. I recall three successive oophorectomies, all of which I lost. Why? I do not know.

But I and other operators of to-day cannot always live, and must have successors; and if any one of you has made up his mind to become a laparotomist, let him commence at once and learn by experience; but I do not believe that it is right or just to patients for every surgeon to turn his hand to abdominal operations.

M. F. G.

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PHILADELPHIA

MEDICAL TIMES.

PHILADELPHIA, APRIL 15, 1889.

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EDITORIAL.

STILL THE EXAMINERS' BILL.

THE phases through which this proposed bill passes are so many and the changes so kaleidoscopic that it is indeed difficult for the conscientious journalist to write an opinion which is not obsolete before it is printed. In brief, the situation at the time of writing is as follows: The various exclusive schools of practitioners succeeded in persuading the legislature to adopt an amendment which provided that no school should be represented by a majority of the Board. In other words, the majority of the Board *must* be composed of exclusives. The gross injustice of this is evident, as this majority represents hardly more than a sixth of the practising physicians of the State. There is no injustice in our classifying all the exclusives as one body instead of two or more, because they have indicated by their present union against the regular profession that they are ready to make common cause against us. The amendment is still more objectionable in that it compels the perpetuation of the division of the medical profession into schools; which is alike contrary to the public welfare and the best interests of the profession. It would have been quite easy to provide for the security of the special schools, without surrendering to them the control. In Illinois the mixed board has been found to work well, all parties seem to be satisfied, and the result is seen in the formation of mixed county societies; to which all practitioners are admitted who hold the certificates of the State Board. To the non-professional mind, this should be a consummation to be wished for; when physicians can practise as they think best, and still meet in harmony. Our legislators had a chance to aid in bringing about such a state of affairs; but instead of this, they have provided a bill for the perpetuation of divisions among physicians.

The committee felt that it was necessary to prevent as much as possible the damage which would ensue from placing such power in the hands of men like the eclectics, among whom it will be exceedingly difficult to find a single man fit to sit on such a Board.

It was decided that the best way to do this would be by proposing an amendment limiting the candidacy for license to practise to graduates of schools having a four years' graded course. This amendment is in the hands of the Legislature and, as the homœopathists do not oppose it, will probably be accepted.

As this will make a radical change in the condition of affairs here, it may be well to inquire what effect it will have upon the medical schools.

The University is now prospering with a three years' course. Its support is largely drawn from this State, and especially this city. If we compare the names of its students with those of the instructors in the various departments of the University, the inference will be that the families of the profes-

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sors furnish a large part of the class. In many ways the University has brought city and State interests to her support; so that it is probable that she will lose little by the proposed change.

The Medico-Chirurgical College has also successfully established a three years' graded course, and a number of her students have taken the fourth year. The adoption of a compulsory fourth year by this college will result in little loss, which will be more than compensated by the advantages gained.

The Woman's and the Hahnemann are practically in the same condition; they will not lose very much by the change.

The Jefferson and Pittsburgh schools are colleges which only require two annual courses of lectures. Their classes are largely made up of students from other States. We have not the data at hand relating to the Pittsburgh College, but of the 212 who have just graduated from Jefferson, 110 were not from Pennsylvania. It is not probable that these men will come to Jefferson for four years, who do not intend to settle in Pennsylvania, when they can go to New York and graduate in two years. Why should they? If they desired a thorough course they would have chosen a three-year college. If they cannot obtain a Philadelphia diploma in less than four years, they can get one in New York in just half that time; while the clinical, hospital and laboratory advantages there are as great as in our own city. Unless Jefferson adopted the expedient of providing a four-year course for her Pennsylvania students, and a two-year course for her foreign supporters, she stands a very fair chance for losing more than half her class, if the proposed law goes into effect.

Taken altogether, the law is likely to provide this State with much better physicians, but to curtail the operations of our colleges to the training of local practitioners. It will extinguish Philadelphia as a centre of medical education; and what is our loss will be New York's gain. We cannot hope that this will be compensated by the superiority of Pennsylvania graduates, and that students will be attracted of the class which is able and willing to pay large fees and take more time to secure a Pennsylvania diploma. Supposing that such a class exists, the Yale and Harvard Colleges have not succeeded in attracting them; but rather the schools of Edinburgh and Vienna. From these considerations, we think that the severe strictures in the public press upon Professor Bartholow's opposition to the bill are unjust. There is room for a fair difference of opinion as to whether the bill with the proposed amendment is going to elevate the standard of medicine; and while we believe that it will, we are by no means so positive in this opinion that we are ready to throw stones at the man who differs with us. Even so, it is still a question whether the elevation of the standard will compensate for the injury to the city, and to its colleges, by driving away the greater part of the students from outside the State. Less income means smaller salaries for teachers, less valuable men, less money for laboratories, etc.

For the bill as it now stands, providing for a board controlled by irregulars, who are authorized to license men who have never graduated, we can only designate it as a calamity; practically creating a new diploma mill.

W. F. W.

Prof. S. W. Gross, of Jefferson Medical College, died upon April 16, after an illness of two months.

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ANNOTATIONS.

HOUSE-CLEANING.

Ages before the days of schizomycetes, the daughters of Eve had adopted the most effectual method of ridding their homes of the microbic accumulations of the winter. Guided by that unerring instinct which characterizes women, ants and other insects, they turn everything topsy-turvy, dive into the most hidden recesses, and with mop and broom pursue the skulking microbe to his most secret lair. The best of antiseptics, cleanliness, light and free diffusion of air, are utilized, with brushing and sweeping, mopping and banging, scraping and rubbing, until the remotest possibility of dirt is no longer existent. And all this they have done in spite of fuming and fretting, good advice and open opposition, protest and downright scolding, and all the forms of ridicule which the masculine mind could invent. One of the duller sex is said to have set down the spring house-cleaning to a sort of periodic madness which attacked the women; and he built a little summer-house in his garden, intending to shut them up in it when the first symptoms of the malady appeared, to scrub to their heart's content. It didn't work; but he found the pavilion a useful place of refuge at these times.

Now, that our slow intellects have evolved the germ theory, we look with more complacency upon these domestic upheavals; especially as we bear in mind the very dangerous nature of the microbes thus let loose, and keep carefully out of their way. No husband with a proper sense of his duties to his family and to society will endanger his health by beating carpets and inhaling the microbe-laden air. He will recollect the curious immunity which the other sex seems to show against such noxæ, and betake himself to some comfortable resting-place to wait till the danger is past.

In the meantime we may draw the moral from this, that the instinct of woman is not to be disregarded because reason does not satisfactorily account for its conclusions; and, further, that where there is a disagreement between reason and instinct, the latter is more likely to be correct.

In the death of Dr. Bruen, the profession has lost an earnest worker, of high promise. Dr. Bruen's appearance was that of a man of bright intellect, but with a frame poorly calculated to bear the privations of a physician's life. He had a singularly fragile appearance. We have heard that he was attending a case of sickness in West Philadelphia, and that he remained in attendance until after the cars had stopped, and was compelled to walk home. The result was what anyone might reasonably have expected—a fatal pneumonia. Much as we admire such self-forgetfulness on the part of the devoted physician, who is too much engrossed in his patient to care for himself, we may well ask, Is it right? Is the interest of any one patient to be consulted at the risk of depriving one's family of the father, and blotting out a life whose usefulness might have been manifested in hundreds of similar emergencies? Such men as Dr. Bruen are not developed every day, and their lives are worth more than those of ordinary mortals. As a French officer remarked of the famous charge at Balaklava, "It is magnificent, but it is not war."

LEAD AND ZINC PAINT.

The *Canada Medical Record*, for March, contains a note from Dr. Foley advocating the substitution of zinc for lead in painting, in order to lessen the occurrence of saturnine poisoning. He states that zinc is cheaper, lasts longer, oxidizes quicker and mixes equally as well, besides being more wholesome.

The facts are, however, somewhat different. The market price varies; lead being sometimes cheaper than zinc. Lead is preferable for outside work, as it withstands the wet and cold much better. Zinc is not so durable, but is used for inside painting, because it gives a better white, which does not turn yellow, as lead does. There is no reason why a painter should have lead poisoning, as the cause is well known in the shops, as well as the means of prevention; and if a working man is too negligent to use proper precautions, he deserves to be a sufferer. At least some better reason should be advanced before giving up the use of lead.

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LETTER FROM PARIS.

Exalgine, meaning that which chases away pain, is the name of the latest newly born therapeutic agent. Its real name is very much longer: *Orthomonomethylacetanilide*, and its virtues ought to be great if its therapeutical power can be estimated by the number of syllables in its name. The substance was discovered by Bardet, and introduced to the Academy of Sciences by Berthelot. It resembles antipyrin a great deal, but seems to act on sensibility much more actively than that drug, and less so on the thermogenetic centres; so that it is a pure analgesic. The dose used is smaller than that of antipyrin, being 30 to 50 centigrammes in one dose, or 50 to 75 taken in two doses in the twenty-four hours. The quick relief it gives from pain is remarkable in all forms of neuralgia, and there is no gastric or intestinal irritation after its use, nor any rash or cyanosis, as there so often is with antipyrin and acetanilide. It is eliminated by the urinary passages and modifies the amount of sugar produced in diabetic polyuria. It should be given with a little alcoholized water, as it dissolves readily in that menstruum; but is rather insoluble in water. It is like all of this new group of medicines, antiseptic, antithermic and analgesic, but this last action is the dominant one in this special form.

This remedy is now being experimented upon in quite a large scale in the Paris hospitals, and we will shortly be able to send fuller reports of its action as a pain-killer.

LONGEVITY OF MICROBES.

The resistance of germs is an interesting study, and has its importance. Do they live to an old age or do they die young? Of course we refer to the so-called pathogenetic germs that infest humanity, and which, if they are not the cause of the disease, have something to do with carrying it about the human organism. The micro-biologists admit that notwithstanding their precision in research and the intensity of their cultures, and the multiplicity of their sowing of eggs, they cannot say how long the germs live; and they come now asking clinical medicine to tell them. It is high time that we devote more attention to clinical points, or, as Claude Bernard said: "If you don't stick to rigorous clinical observation you will lose yourselves."

The medical society of the hospitals thought that the duration of germ-life was very short in this world, but numbers of clinical facts go to prove that it is otherwise. For instance, a family of three persons come from the country, where there is no sign of measles, and occupy an apartment in Paris that has been vacant for nearly two years, and, soon after, one of the family is taken with measles, and on inquiry it is found that a child had been ill with measles in the same rooms some eighteen months before. M. Worms kept a camel's-hair pencil for four years after having painted the throat of a boy with diphtheria with it, and, using it again, he gave diphtheria to a child, and was reminded of the fact too late. Yet Messrs. Roux and Versin, who have lately experimented with the diphtheria microbe, think that it only lives for six weeks. Clinical facts are nearer the truth than experimental ones.

COMPARATIVE VALUE OF THE OLD AND THE NEWER METHODS OF CURING.

Gonorrhœa. An old army surgeon, Dr. Martin, compares the new and old style of medication, after an experience of many thousands of cases, and also by consulting the hospital records of many of the European hospitals. The old method used was sulphate of zinc injections and cubebs and copaiba to follow, combined with repose and diet. The new treatment may be briefly described as an antiseptic one, consisting mostly of injections, alone, of solutions of quinine sulphate, one per cent., permanganate of potassa of one to two thousand, and bichloride of mercury one to twenty thousand. To jump at once to the conclusions of a tabulated mass of cases given, it may be stated that the antiseptic system is proved to have many advantages over the old system, and it may be used from the very commencement of the attack unless there are local complications.

These injections were found to be all that are required, and rapidly and com-

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pletely do more than the old astringent and balsamic medication. The preference is given to the bichloride of mercury or the bin-iodide. Lately, again, a newer remedy is given, in the salicylate of mercury as follows: Salicylate of mercury, five centigrammes to 100 grammes of water in the acute cases; injections twice a day; but in chronic cases the injection must be stronger; the salicylate of mercury to be increased.

We were just closing this account, when we were handed a sample bottle of "*Raguin's capsules of Copahivate of soda*," with the information that they consist of the copaiba as it is dissolved in the body, and that it will cure gonorrhœa without trouble, and has no smell as the drug itself has, so that the balsamic odor clings long to us. But the antiseptics seem destined to drive it out of the field.

A NEW METHOD OF USING IODINE

Is an iodized paper, which is only Berzelius paper cut into strips and incorporated with a solution of iodine dissolved with iodide of potassium. It offers a new therapeutic agent that presents considerable advantages over the application of liquid iodine tinctures. When wet and placed on the skin and covered with oiled cloth, its revulsive action is very rapid; ten to fifteen minutes being enough. On the contrary, if it is placed on the skin dry, the revulsion is almost nil; and the absorption goes on very rapidly, by the cutaneous surface, as is proved by the discoloration of the paper in twenty-four hours. Not only does the free iodine penetrate into the economy, but also the alkaline iodide, which decomposes the fatty acids of the perspiration, under the influence of the humidity, and thus favors absorption.

This paper is now sold here under the name of Gay-Lussac paper, to recall the eminent chemist who first did so much for iodine.

INTRA-STOMACHAL FARADISATION IN THE TREATMENT OF DILATATION OF THE STOMACH.

M. BARADUC, well known for his clever applications of electricity, presents this subject to a local medical society and shows a number of cases to prove its efficacy. It consists in using Faradisation only, with a simple celluloid catheter and fine wires, in all nervous gastralgias with slight dilatation. When the dilatation is very marked a larger wire is used, with the stomach sound arranged to evacuate excess of liquid. A retraction of the stomach walls is produced, which causes slight cramps, but leads to decided amelioration, and accomplishes final cure in (9) cases given by Dr. Baraduc.

DR. J. MONARD

of *Aix les Bains*, has just published an interesting work on that sulphur water station, of which we would like to refer to one point, only, as it applies to any hydrological therapeutical measure. M. Monard very honestly says that hydrology, like all other branches of medical science, should be inspired by the newer methods of investigation; that is, by experimental research and also by clinical facts. The latest studies on the action of such modifying agents as hot water prove that they reach the profoundest depths of nutrition; but they produce their cures as much by the hygienic and mechanical effects as they do by the chemical substances contained in the mineral water.

The real benefit then derived from a mineral water cure is mostly hygienic; the change, massage, hot baths, mountain or country air, thus admitted by the eminent hydrologist, M. Monard, to be the active agents in cure.

Indeed, it is well known that the waters of Aix les Bains are but feebly mineralized; which does not prevent thousands of people being yearly relieved of many ills, rheumatic, etc.; but it is only fair that we physicians no longer ascribe magic virtues to the sulphur or other chemical in the waters.

LOCAL USES OF NAPHTHOL.

The antiseptic qualities of naphthol are now being made use of very largely in hospital services here. In surgery the following alcoholic solutions are used:

℞ Naphthol Beta. .....1 gramme.
Alcohol at 60°.....1 litre (quart).
M.

This is mostly used to render aseptic the parts where operations are to be

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made, especially where there is hair growing.

Where the skin is denuded this formula is used:

℞ Naphthol Beta.....15 grammes.
Alcohol at 60°..... 1 litre.
M.

The mouth being the great centre of microbic action the following is advised to keep it in order:

℞ Liquid dentifrice, Eau Botot
or any other.....100 grammes.
Naphthol Beta..... 1 "

M. S. Use as usual with dentifrices; put a little on brush for teeth. Rinse the mouth with a tablespoonful to a glass of warm water.

Camphorated naphthol is a capital preparation for local use to tubercular ulcerations of the mouth, tongue, etc., etc. It is prepared as follows:

℞ Naphthol Beta pulverized..15 grammes.
Powdered camphor. .....30 "

M. f. This must be triturated until the powders are liquefied.
S. Rub a little on the part affected.

Any of the above can be used in dressing wounds either plain or mixed with water.

A much more concentrated solution is used for touching septic wounds. Naphthol is also used to inject into closed cavities, as cold abscesses, etc., or into the pleural sac. In these cases everything should be warm, the syringes, bottles, etc. The solution should be freshly prepared as follows:

℞ Naphthol Beta..... 5 grammes.
Alcohol at 90°.....35 "
Hot water.....60 "

M. f. Filter it while hot.
S. Inject more or less according to the septic quality of the cavity.

DANGER OF STOVES.

The Academy of Medicine has been occupied for several weeks in discussing this question. M. Lancereaux started the subject some time ago, when several cases of carbonic oxide poisoning had occurred. The question of stoves is quite a new one in France, where open fire places have always been the rule. The older stoves wasted a great deal of caloric, as they were pushed by air to burn rapidly and finished by heating up to 50° or 60° (C), and this heat simply passed up the chimney, doing but little good to the rooms unless kept up to burning heat. The newer stoves burn by slow combustion and the economy of coal is great, while the heat given is immensely superior; but salubrity, health, and hygiene are entirely sacrificed. Then, again, this slow combustion is only obtained by stopping off all air, just as if we turned the damper off all the time and allowed the gas to accumulate in the house. Besides this, many of the French stoves are put on wheels, so that they can be moved about from room to room. Coke is also used.

M. Dujardin-Beaumetz says that all we can do is to advise the use of soft coal, which will give smell enough to call attention to the gas; also that in place of covering the fire at night during sleep, we should, on the contrary, advise that a brisk, bright fire be kept up to carry off the noxious carbonic oxides.

NOTES.

In answer to a question, permit us to say that there are about 2,500 physicians in Paris, five of whom are Americans, fifteen English, and there are also in the number given half a dozen Russians, with from two to three of all the other nations of the world, including Turks and Chinese.

Professor Grancher closes one of his late clinics with these words: "Modern treatment in surgery, obstetrics and medicine is based on one word, *cleanliness;* and it is the commencement of wisdom with the best half of our therapeutics."

Narcotic rectal injections are often useful when the patient for any reason cannot take medicine by the stomach; the following is the latest:

℞. Sulphonal.....2 grammes.
Powdered gum.....3 "
Sweet almond oil.....5 "
Water.....150 "

(Or the same amount of chloral may be used here.)

Mix, in a mortar, the oil and gum powder; add the sulphonal or chloral little by little, beating well, and in five minutes the emulsion is ready; give all of it at once, slowly. Given in this way it does not irritate the rectal mucous membrane. THOMAS LINN, M. D.

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SOCIETY NOTES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

DR. ANDERS reported (March 13) a case of senile chorea which had resisted treatment by bromides, arsenic, antifebrin and hyoscin. He pointed out that this affection differs widely from the chorea of childhood.

DR. M. PRICE reported a case of intestinal obstruction from epithelioma. The growth was found to involve the sigmoid flexure. It was excised, with four inches of the bowel and a V-shaped piece of mesentery, and a false anus formed. The case was doing well.

DR. PENROSE spoke of the importance of making an artificial anus, instead of immediately restoring the intestinal tract.

DR. G. BETTON MASSEY exhibited an elastic intra-uterine electrode. It was made of a spiral wire, terminating in a bulb, with the stem insulated. The insulation may be extended by covering the wire with India-rubber tubing. Such electrodes should be boiled five minutes before their introduction, to insure cleanliness.

In the discussion DR. J. PRICE, who does abdominal sections, called attention to the dangers of the rival method.

DR. BALDY aptly divided electricians into those who think there is a limit to the good to be accomplished by that agent, and those who don't. He also spoke of the difficulties in making accurate diagnosis.

DR. HOFFMAN, another abdominal surgeon, also exhibited skepticism as to electricity.

THIS led DR. GRAYDON to remark that operative treatment was also open to criticism. He had seen fixed uteri released, and fibroids lessened by electricity.

DR. J. PRICE presented a cyst of the vagina and urethra.

PHILADELPHIA OBSTETRICAL SOCIETY.

At the February meeting, a paper was read from Dr Bigelow on "Apostoli and His Method." He believes that the current produces a change of *cell life*, besides the purely chemical action. The induced current has a wondrous effect upon the ovarian pain of hysterical women. He has yet to see a bleeding fibroid which fails to respond immediately to the continuous current, the positive pole being applied to every part of the endometrium. Apostoli's method arrests hemorrhage, diminishes size, relieves pain and improves nutrition, without endangering life, better and more surely than any other method.

DR. J. PRICE gave his report of a year in a maternity hospital. There has been no death of a mother in five years, with 540 cases.

CLINICAL SOCIETY OF MARYLAND.

DR. THEOBALD recommends the use of boric acid in solution, 1 to 32, in otorrhœa, preferring it to the same drug in powder and to bichloride of mercury.

DRS. RANDOLPH and WOODS advocated the bichloride, diluting it until it caused no pain. The latter urged the importance of carefully cleaning the ear.

DR. KEIRLE exhibited a uterus from a supposed case of criminal abortion. A sponge tent had been in the cervix for about twenty-four hours, causing an ulcer with fatal septicæmia.

DR. ROHE stated that he had treated two cases of goitre by electrolysis. In one the circumference of the neck diminished one inch in two weeks. In the other the disease almost entirely disappeared. He applied the electrodes to the skin over the gland. When a needle is passed into the growth a scar is apt to result. The current used was about eight milliampères.

DR. HARLAN reported good results following the injection of acetic acid.

DR. CHARLES O'DONOVAN, JR., read a paper entitled

A PLEA FOR THE USE OF THE MANGANESE COMPOUNDS IN CERTAIN FORMS OF DYSMENORRHŒA,

in which he related several typical cases of different classes, from which he drew the following conclusions:

1. The manganese compounds are valuable additions to the therapeutics of dysmenorrhœa, from which, in a certain number of properly selected cases, great benefit may be expected.

2. This use does not interfere in any manner whatever with the administra-

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tion of iron or the vegetable tonics, but rather aids, and is aided by them.

3. The best results from the use of these remedies may not be obtained at once, and failure should not be confessed until after a continuous trial, lasting for three months.

4. So far as we know at present, the black oxide of manganese is the most convenient form for administering these drugs.

Several speakers remarked that their results with manganese were not as good as those reported.

Dr. Norris said he had used these salts in six cases of pregnancy without causing abortion.

PHILADELPHIA NEUROLOICAL SOCIETY.

STATED MEETING, FEBRUARY 25, 1889.

Dr. S. Solis Cohen read the notes of a case of obstinate sciatica cured by deep injections of osmic acid. The case was chiefly interesting on account of the number of medical and surgical experiments which had been previously made upon him, without any benefit. The gynecologists had not an opportunity in this case, as it was a man.

Deep injections of a centesimal osmic acid solution, ten to thirty minims, were practised in the thigh; the object being to reach the neighborhood of the point where the nerve emerges from the foramen. The injections were made at first daily, then tri-weekly, during a period of seven weeks. The scientific value of the cases is somewhat marred by the fact that pills of morphine, belladonna and quinine were given at the same time, to produce sleep.

Dr. Mills divides his cases of sciatica into recent, old, and intermediate. Recent cases yield to salicylate of sodium, oil of gaultheria, and analogous drugs, associating with this treatment the hypodermatic injection of morphia and atropia, and sometimes of theine. For the old cases he used some very old remedies, and often with greater success than some of the newer remedies. He had used turpentine with success after the method first recommended by Thomas King Chambers. He also used Donovan's solution in fair doses; also iodide of potassium and colchicum. In these cases he nearly always associated with the foregoing agents the use of cod-liver oil, massage, and electricity. On the whole, he got as good results from this treatment as from any other. He had also used the Adamkiewicz electrode, by means of which chloroform is applied externally and electrically. This treatment had proved successful in a few instances. All, of course, have used counter-irritation. The use of the hot iron certainly acted better than any other form of counter-irritation. So far as osmic acid is concerned, he had had very little experience. He had used nerve-stretching by the method without cutting, and in a few cases by cutting, but never with any marked success.

Dr. Lloyd spoke of a case which recovered after abscesses had occurred, following hypodermics of morphine. He also mentioned a case in which a cure followed the actual cautery, four holes being burned along the course of the nerve.

Dr. Dercum objected to the burning of holes, believing that repeated, superficial cauterization gives better results. He also spoke well of the salicylates.

REVIEWS AND BOOK NOTICES.

ABDOMINAL PALPATION IN OBSTETRICS.

BY DR. A. PINARD, PARIS.

The obstetrical world is under many obligations to Dr. A. Pinard, accoucheur to the Lariboisiere Hospital in Paris, for a new edition of his work, "A Treatise on Abdominal Palpation from an Obstetrical Point of View and Concerning Version by External Measures."

Since the first edition of this work appeared ten years ago, the practice of employing palpation as a means of diagnosing the presentations and positions during pregnancy has become widely known by all those who practice obstetrics everywhere. Despite numerous and valuable works demonstrating its importance, abdominal palpation has not been appreciated, although it has been recommended for a long time, superficially employed by many and disdained by a large number. At least this is the

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case in France, where but a small number of well instructed practitioners have understood its importance, used it in their personal practice and instructed their students therein. It is only just to Dr. Pinard to say that from the date of his first publication in 1878, palpation has taken a prominent place in its domain, and this little volume has exercised a great influence on obstetrical instruction in France. This has gone far to place before the profession a means of diagnosis which must render more service to the pregnant woman and the accoucheur than the touch and auscultation.

The second edition contains 400 pages and is divided into three parts. The first treats of the accommodation of the fœtus during pregnancy and the causes of the diverse presentations.

The second part contains most of the recent acquisitions made by the author. One chapter almost entirely new is devoted to his investigations of the uterus during the first half of pregnancy. The volume, the consistence and form of the organ during this period has been studied with care. Dr. Pinard says: At the third month, the fundus of the uterus is ordinarily at 9 centimeters above the superior border of the pubic symphysis. In the fourth month it is about 15 centimeters above, more or less nearly to the umbilicus. I have never found a uterus which did not pass the umbilicus in the 5th month." These facts differ notably from the general teachings. Next comes the diagnosis of palpation. In the cases where the fœtus dies and is retained in the cavity of the uterus. During the first half of pregnancy, three distinct conditions of the uterus can be known by palpation.

1. The uterus is perceived with difficulty, one has the greatest trouble to appreciate its contents.

2. The uterus is easily perceived in the form of a constant hard globe, the contraction is permanent, the expulsion does not retard recovery.

3. By palpation, the uterus is observed under the form of a tumor which is soft and elastic and contracts under the hand.

In the second half of pregnancy, palpation not only permits the perception of the modification of the contents of the uterus, but also of that organ, the ovum and particularly the fœtus. The sensations furnished by the fœtus from the day of its death to the moment of its expulsion are analyzed after a masterly fashion.

The author reviewed the services which can be rendered by palpation in the diagnosis of degenerate and extra uterine pregnancy. These two little chapters contain extremely interesting facts. Following the diagnosis of the presentation and position, Dr. Pinard states that when the head is engaged a sign is given in the projection of the frontal region which is of great importance; this fact has been elucidated before by Dr. Pinard.

In the presentation of the breech he accords more importance to the furrow of the neck than the cephalic ballottement. "The sensation of the furrow has more value still than the ballottement; the latter proves which extremity is furnished with the breech." He also adds, "For me the characteristic sign pathonogmonic of the presence of the head at the fundus of the uterus is the finding of the furrow of the neck. The ballottement perhaps develops that the breech is above and that we have to deal with an occipo-posterior position, whilst the perception of depression of the neck plainly indicates where to find the head. One perceives a continuous plain, a united surface between the breech and the trunk, while between the trunk and the head we find a marked depression which permits the pressure of the fingers into the cervical region."

There is one absolutely new application, that of mensuration in palpation. The insufficiency of facts furnished by mensuration in touch, the uncertainty of the means at hand for calculating the dimensions of the fœtal head after the approximate age of the pregnancy, has induced M. Pinard, as well as others, to seek for new and clear indications for immediate intervention in cases of contraction of the pelvis. The palpation by mensuration permits him at any hour during the last month of pregnancy, to appreciate that the head can or cannot penetrate more into the excavation. The absolute dimensions of the head are of little importance compared with the

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exact dimensions of the pelvic opening. The fact of most value for our information, is whether the first shall be able to pass the second. M. Pinard thus describes the proceedings: "When called to see a pregnant woman in the course of the seventh month, if I find the head not engaged, I return it; if it is not already above the space of the superior strait, I bring it down and assure that the presentation will be unmistakably longitudinal, so that the head will be perfectly perpendicular above the excavation. I then take it with the two hands to the front and occiput, and communicating to it some lateral movements, touch it in the greatest number of points possible at the pelvic inlet. That done I fix it there and carrying my hand to the surface of the neck I press up and down. Then with the other hand I go in search of the anterior arc of the pelvis at the border of the pubic symphysis, and at this surface I try to depress the abdominal wall and insinuate my fingers between the symphysis and the head, always continuing to push with the other hand up and down. This renders the engagement of the head in the excavation very easy. When the head is arrested on the surface of the symphysis between the anterior arc of the pelvis and the border of the sacro-vertebral angle, I endeavor to learn whether it is too large for the symphysis and how much too large."

Those who have seen M. Pinard practising his palpation by mensuration have been astonished by the precision of the information obtained. He does not, however, on this account advise the neglect of the mensuration by touch. He says, "I think to-day that palpation by mensuration permits one to appreciate at the same time the relation which exists between the dimensions of the head and those of the pelvis. It gives such indications more plainly and more precisely than the touch and it is this which must guide the accoucheur in regard to the nature and movement of the intervention."

In the hands of Dr. Pinard this new proceeding gives remarkable results. Are they more difficult to appreciate than those which are obtained by the touch? M. Pinard does not think so, he considers it an affair of habit. It is evident that palpation by mensuration is destined to render the greatest service to those who are possessed of the skill acquired by the practice of palpation.

The two following chapters are interesting discussions of the diagnosis of hydrocephalus; these contain many new facts. Another chapter, whose pages are of very great importance treats of the practice of palpation during the period of deliverance.

The third part is devoted to version by external maneuvers.

The manual operation is described much more in detail than in the first edition. The author insists on the means to mobilize the fœtus when he desires to change the presentation of the breech to that of the head. He shows clearly that it is the pelvic extremity which must chiefly act to produce the evolution of the fœtus. The statistics at the maternity of the Lariboisiere have great weight in favor of the operation employed to correct the presentation of the shoulder. The version by external maneuvers is accepted without question. M. Pinard thus expresses himself in the discussion of the presentation of the breech: "The adversaries of the version by external maneuvers in breech presentation are adversaries from prejudice. Their opposition is nothing serious and on the part of most of them is the more vigorous the less the experience they have with the method." M. Pinard recommends the employment of the uterine bandage, which is of great utility and efficiency.

The diagnosis of the presentation being established, after having found that the fœtal region is not enough engaged to permit delivery, it is necessary to introduce two fingers of the hand into the vagina and apply them to the anterior fontanelle. This is usually accessible, for it is situated in the centre of the pelvis and is very easily approached. This being done, the other hand which remains free searches externally for the occiput. When the hand is well applied to this region, simultaneous pressure being exercised on the body, the fingers applied to the occiput through the abdominal walls will be pressed up and down, while the fingers press down and up on the frontal portions. To succeed more

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easily it is necessary that the pressure may be directed not only up and down, but also laterally and inversely.

With its numerous and important additions, the second edition of this book presents very great interest to those who will learn what is known of accouchement. E. S. McKEE.

HANDBOOK FOR THE HOSPITAL CORPS OF THE U. S. ARMY AND STATE MILITARY FORCES. By CHARLES SMART, MAJOR AND SURGEON, U. S. ARMY. WM. WOOD & Co.

This little book, approved by the Surgeon General, seems to be admirably adapted to the use of non-commissioned officers, hospital stewards, and privates attached to the army hospital corps, for whom it is intended. It describes the rights, duties, and rules of the corps in camps, and in post, field, and general hospital, and gives information on the transportation of wounded, and on sanitary and meteorological matters.

Part II covers the rudiments of anatomy and physiology.

Part III treats of first aid to injured, wounds, hemorrhage, inflammation, antisepsis, nursing, fractures and dislocations, and the causes of insensibility. Artificial respiration, foreign bodies, and disinfection are quite thoroughly discussed, and the chapter on poisons is especially good. The book closes with a brief description of electricity and galvanic batteries.

To persons not educated in medicine and without time or opportunity for the perusal of large text books, but who are thrown into positions where more knowledge of these branches than is ordinarily possessed by the laity is required, this little pocket library will prove very useful. M. F. G.

ATLAS OF VENEREAL AND SKIN DISEASES. With Original Text by Prince A. Morrow, A.M., M.D., New York. William Wood & Co., 1888.

Fasciculus X contains plates representing eczema of palm, palmar psoriasis, eczema rubrum; eczema seborrhoicum, dry, scaly and moist forms; impetigo figurata and contagiosa; dermatitis exfoliativa, pityriasis rubra: dermatitis medica mentosa, iodide and bromide eruptions.

Fasciculus XI contains herpes zoster, febrilis and progenitalis; dermatitis herpetiformis, pemphigus vulgaris and foliaceus; purpura simplex and thrombotica.

Fasciculus XII contains psoriasis of hand, body and arm; lichen planus, ruber, and ruber moniliformis; acne vulgaris and rosacea; molluscum epitheliale; verruca senilis.

PAMPHLETS.

"The Comparative Danger to Life of the Alternating and Continuous Electrical Currents." By Harold P. Brown, New York.

Climate and Malaria. By Joseph Parrish, M.D., Burlington, N. J.

The Medical Jurisprudence of Inebriety. By Joseph Parrish, M.D., Burlington, N. J.

Prevention and Restriction of Smallpox. Issued by the Michigan State Board of Health.

Therapeutics Can Become a Science. By William Sharp, M.D., F.R.S. London. George Bell & Sons.

On the Relation Between the General Practitioner and the Consultant or Specialist. By L. Duncan Bulkley, A.M., M.D.

"Recurrent Pelvic Peritonitis." By B. F. Baer, M.D., Phila.

"Report of some recent cases of Abdominal Section." By B. F. Baer, M.D., Phila.

Report of a Case of Pregnancy in the Right Horn of a Uterus Bicornis, treated successfully by a modified Cæsarean operation, twelve months after the death of the child at the full term of gestation: so-called "Missed Labor." By B. F. Baer, M.D., Phila.

Recent innovations in the "Therapy of Syphilis." By G. Frank Lydston, M.D, Chicago.

Report of the Committee on Ophthalmology and Otology. By Seth S. Bishop, M.D., of Chicago.

A new adjustable Lamp Bracket. By Seth S. Bishop, M.D., of Chicago.

"The Gonococcus." By W. B. Canfield, M.D., Baltimore.

"Clinical Studies of the Pulse in Childhood." By John M. Keating, M.D., and Wm. A. Edwards, M.D., Phila.

"Foreign Bodies in the Urethra and Bladder." By De Forest Willard, M.D., Phila.

"The History of Education in North Carolina." By Charles Lee Smith, Washington Government Printing Office.

Annual Report of the Trustees of the State Hospital for the Insane, at Warren, Penna., for the year ending Nov. 30, 1888, to the Committee on Lunacy.

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YELLOW FEVER. By Wolfred Nelson, New York City. Fifty pages of interesting talk about the hot-beds of this disease in Cuba, the Holt method of disinfection at New Orleans, etc.

"Osteotomy for Anterior Curves of the Leg." By De Forest Willard, M.D., Phila.

"Nephrectomies for Gunshot Wound and for Tuberculous Kidney." By De Forest Willard, M.D., Phila.

"On the Microscopical Examination of Urinary Sediment." By William B. Canfield, A.M., M.D., Baltimore.

"The Immediate Application of Forceps to the After-Coming Head in Cases of Version with Partial Dilatation of the Cervix." By H. C. Coe, M.D., M.R.C.S., New York.

"Poisoning by Chrome Yellow used as a Cake Dye." By David Denison Stewart, M.D., Phila.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is by means of a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

BRIGHT'S DISEASE.

I take advantage of your invitation to write to you, asking a few words of counsel. My case is one of Bright's disease; a lady twenty-nine years of age, strong, of fine physique, showing signs lately of rapid failure. The disease is of fifteen months' duration. There is considerable œdema of the abdomen, face and hands; with dizziness and fainting fits. The kidneys act irregularly; at one time freely and at another almost total suppression occurs. The bowels alternate between constipation and free, serous diarrhœa, with fainting. The urine on being tested shows a precipitate occupying about one-third of the bulk.

The patient is still hopeful, and generally attends to her household duties. Sometimes all the symptoms disapear except the albuminuria. Her face begins to have a waxy look.

I have tried to keep up the tonics, iron, etc., with the milk diet, which was submitted to fairly well. She has taken diuretics, the best results being obtained from digitalis. Jalap has also been given, with no results, and she has tried a few Turkish baths.

Will a change to Washington Territory be of any benefit? Will you suggest a treatment, definitely?

C. H. JOHNSON, M. D.

Armourdale, Kansas.

[We do not believe that a change to Washington Territory would be advantageous. A dry, sheltered residence should be secured; the lady must wear woolen underclothes and stockings; and must avoid catching cold. She should go on the exclusive milk diet, varied only by the use of buttermilk or junket. She should have jaborandi to relieve uræmic symptoms and to reduce the dropsy, and acetate of potassa steadily given until the albuminuria disappears. The results are fairly good if the hydræmia be not too great. Life may be prolonged indefinitely, though there is no certainty, as the fatal attack may occur at any time.—ED. P. M. T.]

DROPS NOT GRAINS.

MR. EDITOR:—In your last issue, page 449, the types credit me with ordering "thirty grains digitalis at bedtime" in the treatment of seminal emissions. Will you please note the erratum in your next, and call your readers' attention to the fact that my prescription was "thirty drops at bedtime," *i. e.*, fifteen minims, representing about two and a quarter grains of the leaves, which is the ordinary maximum dose. To some persons, in the dose first mentioned, the remedy would be worse than the disease.

FRANK WOODBURY.

ABSTRACTS.

AXIOMS IN ELECTRO-NEURO-THERAPY.

1°. Paralysis of vaso-motor centres is followed by dilatation of capillaries.

2°. Irritation of vaso-motor centres is followed by contraction of capillaries.

3°. Paralysis of spinal nerves is followed by contraction of capillaries in paralyzed area.

4°. Irritation of spinal nerves is followed by dilatation of capillaries at points of irritation.

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5°. Irritation of spinal nerves inhibits vaso-motor activity in area irritated—vaso-motor paresis.

6°. Paralysis of spinal nerves allows increased tonic action of vaso-motor centres, in paralyzed area—inhibitory actions of spinal system being removed—and increased vaso-motor activity is shown by contraction of the capillaries.

7°. Increased amount of oxygen in the blood—arterial blood supply—lessens activity of the vaso-motor centres.

8°. Diminished amount of oxygen—venous blood supply—increases tone or activity of vaso-motor centres.

9°. Afferent impulses affecting the vaso-motor centres are for the most part conveyed by the sensory nerves, while afferent impulses from these centres pass along special vaso-motor nerves.

10°. Afferent impulses may either inhibit or exalt the activity of a given vaso-motor centre.—SHAW, *in St. Louis Med. & Surg. Journal.*

MISCELLANY.

MEDICO-CHIRURGEONS.

DIPLOMAS AND PRIZES AWARDED AT THE COLLEGE'S COMMENCEMENT.

Friends and relatives of the graduates of the Medico-Chirurgical College filled the Chestnut Street Opera House on April 4, on the occasion of the eighth annual commencement of that institution. The faculty occupied seats on the stage, the front of which was tastefully decorated with flowers.

Rev. Byron A. Woods offered prayer and the exercises were interspersed with music. Professor James E. Garretson, A.M., M.D., delivered the valedictory. Degrees were conferred upon these graduates: Irvin C. Breece, John B. Cassady, S. Woodruff Clark, John Welsh Croskey, John W. Frankhauser, George William Grube, M.D., Joseph Miles Grube, John H. Hammond, C. Frank Hertzog, Silas Hertz, Charles Ellsworth Hewitt, Elmer Ellsworth Horn, Charles Wellington Hughes, M.D., A. Arthur Jones, J. Adam Krug, David W. Levy, Willis Upton Miller, Gilbert D. Murray, John A. Reyburn, Harvey Robinson, Ernest Brewster Sangree, Frederick Albert Schock, Abram L. Sherman, Monroe T. Smith, Herbert A. Starkey, Joseph Henry Thacker, Julius Trester Vissel, William H. Walling, W. Weightman Walker, C.E., Albert T. Zeller, Ph.G.

Prizes were awarded as follows: The Faculty Gold Medal, for the best average on final examination, Ernest Brewster Sangree, of Pennsylvania, with honorable mention of J. Adam Krug, of Pa.; John B. Cassady, of N. Y.; Julius T. Vissel, of Pa.; S. Woodruff Clark, of R. I.; Albert T. Zeller, of N. Y.; John W. Croskey, of Pa.; Gilbert D. Murray, of Canada; J. H. Thacker, of N. C.; H. A. Starkey, of Pa.; John A. Reyburn, of Pa.

The faculty gold medal for thesis showing most labor and originality to John W. Croskey, of Pennsylvania, with honorable mention of E. B. Sangree, of Pennsylvania.

Special prize for the best examination upon Practice of Medicine to Ernest B. Sangree, of Pa.

Prize for best examination on surgery to John W. Croskey, of Pennsylvania, with honorable mention of John B. Cassady, of New Jersey; S. Woodruff Clark, of Rhode Island; J. Adam Krug, of Pennsylvania; Gilbert Murray, of Canada; John A. Reyburn, of Pennsylvania; E. B. Sangree, of Pennsylvania; Herbert A. Starkey, of Pennsylvania; Joseph H. Thacker, of North Carolina; Julius T. Vissel, of Pennsylvania; Albert T. Zeller, of New York.

Prize, bag of gynæcological instruments, for best examination in gynæcology, to Julius T. Vissel, of Pennsylvania, with honorable mention of E. B. Sangree, of Pennsylvania, and J. A. Reyburn, of Pennsylvania.

Gold star medal for best examination in anatomy to E. B. Sangree, of Pennsylvania, with honorable mention of S. W. Clark, of Rhode Island; J. H. Hammond, of Delaware; F C. Hertzog, of Pennsylvania; C. E. Hewitt, of Pennsylvania; J. A. Krug, of Pennsylvania; W. U. Miller, of Pennsylvania; G. D. Murray, of Canada; J. H. Thacker, of North Carolina; J. T. Vissel, of Pennvania; A. T. Zeller, of New York.

Special prizes offered by Dr. Spencer Morris, for the best examination on differential diagnosis and hygiene, were

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awarded as follows: First prize of $50 to J. Adam Krug, of Pennsylvania; second prize of $30 to Julius T. Vissel, of Pennsylvania; third prize of $20 to S. W. Clark, of Rhode Island.

Prize, gold medal offered by Dr. Henry C. Boenning, demonstrator of anatomy, for best examination on practical anatomy, to Julius Trester Vissel, of Pennsylvania.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MARCH 24, 1889, TO APRIL 6, 1889.

C. O., at Los Angeles, Cal., reports the death of Lieut.-Col. R. H. Alexander, Surgeon U. S. Army, at 11 50 this morning, March 29, 1889. [Telegram.]

COL. CHARLES H. ALDEN, SURGEON U. S. ARMY; MAJOR HENRY MCELDERNY, SURGEON U. S. ARMY; CAPTAIN WASHINGTON MATTHEWS, ASSISTANT-SURGEON, U. S. ARMY; and CAPTAIN JAMES C. MERRILL, ASSISTANT-SURGEON U. S. ARMY.—Detailed as members of Army Medical Board to meet in New York City, May 1, 1889. Par. 5, S. O. 74, A. G. O., March 30, 1889.

By direction of the Secretary of War, the following changes in the station and duties of officers of the medical department are ordered: Major Joseph R. Gibson, Surgeon, relieved from duty at Fort Lyon, Col., and ordered to Fort Sheridan, Ill. Capt. A. H. Appel, Assistant-Surgeon, relieved from duty at Fort Sheridan, Ill., and ordered to duty at Fort D. A. Russell, Wyo. Capt. George H. Torney, Assistant-Surgeon, relieved from duty at Fort Monroe, Va., and ordered for duty to Fort Brown, Texas. Capt. Samuel Q. Robinson, Assistant-Surgeon, relieved from duty at Fort Brown, Texas, and ordered to Fort Hamilton, New York, for duty. Par. 11, S. O. 77, A. G. O, Washington, April 3, 1889.

ASSISTANT-SURGEON RICHARDS BARNETT, U. S. ARMY.—Died March 31, 1889, at Fort Riley, Kans.

CAPTAIN LOUIS M. MAUS, ASSISTANT-SURGEON (Fort Schuyler, N. Y. H.)—Will proceed to Camp S. B. Luce, Fisher's Island, N. Y., with Battery "K," 5th U. S. Art., and report to the camp commander for a tour of rifle practice. Par. 10, S. O. 158, Hdqrs. Div. of the Atlantic, Governor's Island, New York City, August 2, 1889.

By direction of the Secretary of War, leave of absence for six months is granted Captain Charles S. Black, Assistant-Surgeon, to take effect after the arrival at Fort Sidney, Neb., of Acting Assistant-Surgeon Robert P. Finley. Par. 14, S. O. 78, A. G. O., Washington, April 4, 1889.

ASSISTANT-SURGEON R. R. BALL ordered to Fort Riley, Kans., for duty. S. O. 36, Hdqrs. Dept. of the Missouri.

ASSISTANT-SURGEON R. W. JOHNSON reports departure for Whipple Bks., Ariz. Ty., March 25, 1889.

Atlanta Barracks, Ga., established by G. O. 28, A. G. O., March 21, 1889.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE TWO WEEKS ENDING APRIL 6, 1889.

ASSISTANT-SURGEON THOS. A. BERRYHILL.—Detached from Naval Academy, Annapolis, Md., and to the Naval Hospital, New York.

PD. ASST.-SURGEON A. C. HEFFENGER.—Ordered to appear before the Retiring Board, Washington, D. C.

PD. ASST.-SURGEON E. H. MARSTELLER.—Ordered to the U. S. S. "Adams."

E. H. STITT, of South Carolina, commissioned Asst.-Surgeon, U. S. N.

M. F. GATES, of Pennsylvania, commissioned Asst.-Surgeon, U. S. N.

SURGEON J. C. BOYD.—Detached from the Bureau Med. and Surg., Navy Dept., and ordered to the "Yorktown."

ASST.-SURGEON M. F. GATES.—Ordered to the Navy Yard, Philadelphia.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE FIVE WEEKS ENDED MARCH 30, 1889.

MAGRUDER, G. M., ASSISTANT-SURGEON.—To report to the Supervising Surgeon-General in person for temporary duty. March 1 and 23, 1889.

KINYOUN, J. J., ASSISTANT-SURGEON.—Relieved from duty at Baltimore, Md., to rejoin station at New York, N. Y. March 18, 1889.

PERRY, J. C., ASSISTANT-SURGEON.—Commissioned by the President, March 21, 1889. Ordered to Marine Hospital, Mobile, Ala., for temporary duty. March 22, 1889.

SMITH, A. C., ASSISTANT-SURGEON.—Commissioned by the President, March 21, 1889. Ordered to Marine Hospital, Louisville, Ky., for temporary duty. March 22, 1889.

BAILHACHE, P. H., SURGEON.—Relieved from duty at Philadelphia, Pa., to assume charge of the Service at San Francisco, Cal. March 28, 1889.

SAWTELLE, H. W., SURGEON.—When relieved at San Francisco, Cal., to assume charge of the Service at Portland, Me. March 28, 1889.

BANKS, C. E., PD. ASST.-SURGEON.—When relieved at Portland, Me., to assume charge of the Service at Vineyard Haven, Mass. March 28, 1889.

AMES, R. P. M., PD. ASST.-SURGEON.—When relieved at Vineyard Haven, Mass., to assume temporary charge of the Service at Philadelphia, Pa. March 28, 1889.

MAGRUDER, G. M., ASSISTANT-SURGEON.—When relieved at Louisville, Ky., to proceed to Memphis, Tenn., for temporary duty. March 28, 1889.

STONER, J. B., ASSISTANT-SURGEON.—To proceed to Pittsburgh, Pa., for temporary duty. March 28, 1889.

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VOL. XIX.
No. 555

APRIL 15, 1889.

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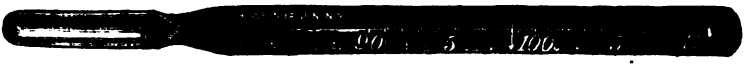

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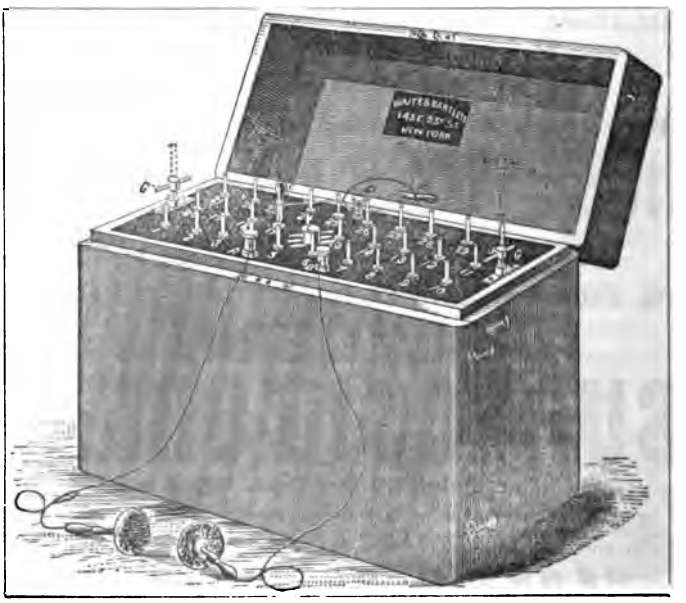

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Acidi Phosphorici	āā gr. ss
Antipyrin	
Ext. Apii. Grav. dulc. (*Celery*)	āā gr. j
Sodium Bromide	gr. v

The satisfactory results produced by PHOSPHO-CAFFEIN COMP. in *Headaches, Neuralgia Insomnia, Neurasthenia and general Nervous Irritability*, are not due to the effect of any one ingredient, but to the happy effect of the combination. A thorough series of comparative tests have demonstrated the superiority of the above formula over any other in the market.

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COMPARATIVE DIGESTIVE POWER OF PEPSINS.

R. H. Chittenden, Ph. D., Professor of Physiological Chemistry at Yale University, in a paper on Digestive Ferments, read before the New York Academy of Medicine, January 23, 1889. and published in the *Philadelphia Medical News*, February 16, 1889, says,—

"As a final result, then, we may consider the true proteloytic power of the following pepsin compared with one of the highest digestive power to be as follows:

	Relative Proteolytic Action.		Relative Proteolytic Action.
1. Parke, Davis & Co.'s Pepsinum Purum in Lamell s...	100	5. Ford's Pepsin in Scales.....	32
2. Fairchild's Pepsin in Scale.....	52	6. North's Pure Pepsin.....	26
3. Scheffer's Dry Pepsin, Concentrated	48	7. Boudaults's Pepsin.....	24
4. Jensen's Crystal Pepsin	35	8. Royal hemical Co.'s Pure Pepsin.....	9

Other eminent investigations have reached the same results as to the pepsin of highest digestive power.

We will leave physicians to draw their own conclusions as to what pepsin to prescribe, from the facts above submitted.

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Any therapeutic action inherent in Cascara Sagrada is only possessed by the true *Rhamnus Purshiana*, and there being many inferior and spurious preparations of the drug in the market, we would ask physicians in prescribing to specify our product. Having introduced this drug and made a special study of its nature and action for years, and having unequalled facilities for obtaining supplies of the highest quality, we believe our product to be superior to any other offered.

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NOTES AND ITEMS.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Fortieth Annual Meeting of the Medical Society of the State of Pennsylvania will be held in Pittsburgh, on Tuesday, Wednesday, Thursday and Friday, June 4th, 5th, 6th, and 7th, 1889, commencing on Tuesday, June 4th, at 9 A. M.

Appointments for 1889: 1. Address on Practice of Medicine, Dr. J. C. Wilson, of Philadelphia; 2. Address on Surgery, Dr. J. B. Roberts, Philadelphia; 3. Address on Obstetrics, Dr. Frances N. Baker, Media; 4 Address on Mental Disorders, Dr. Alice Bennett, Norristown; 5. Address on Laryngology, Dr W. H. Daly, Allegheny; 6. Address on Hygiene, Dr. T. J. Mays, Philadelphia. Chairman of Committee of Arrangements: Dr. E. A. Wood, of Pittsburgh, to whom all applications to read papers at this session should be addressed.

Secretaries of County Medical Societies are earnestly requested to forward at once complete lists of their officers and members, giving the post-office address of each;—at least two weeks before each annual session of this Society, they shall forward certified lists of their respective delegates to the Permanent Secretary, who shall therefrom prepare a list of all the delegates to be handed to the Committee on Credentials.—Art. V., Sect. 6. Every delegate, before admission, shall present a certificate of delegation, signed by the president or secretary of his County Society. Every permanent member (not a delegate), before admission, shall present a certificate of good standing in his County Society.—(Extract from Constitution) Wm. B Atkinson, M.D., 1400 Pine Street, Philadelphia, Permanent Secretary. All who desire excursion orders should notify the permanent secretary at an early date, stating which railroad must be used.

A DANGER PECULIAR TO RESIDENCE IN FLATS.

The *Lancet* (London) raises its voice of warning to apartment house occupants, which is worth considering. An ordinary householder has access to every portion of the building in which he lives, and should he suspect a defect, he can ascertain how far his suspicion is correct, and remedy it. But in the case of flats, while the actual apartments rented may be free from all risk of evil, the tenant is, in point of health, almost entirely at the mercy of his landlord and of the occupiers of the basement, in so far as the main drainage of the premises is concerned. If this latter be wrong, the whole mansion is apt to be filled with foul air from below upward. A number of cases have come under our notice in which very serious ill health has been thus induced, and in which tenants have only been too glad to pay what was demanded of them in order to get out of the premises with the least possible delay. While no one should take a residence without skilled advice as to its sanitary state, this precaution is more than ever necessary in the case of flats, where the entire premises, including, above all things, the basement, should be thoroughly overhauled.—*Scientific American.*

A PLUMBER'S TRICK.

The *Sanitary News* describes a new plumber's trick, which has been first discovered in Milwaukee, but may be known elsewhere, so that architects and inspectors will do well to be on their guard against it. In Milwaukee, as in many other cities, all soil pipes put up in dwelling houses must be tested by filling them with water. A certain firm, knowing that a defective pipe had been used, contrived to plug it with clay, so that the water applied for testing it did not enter the pipe at all.

The following resolution was unanimously adopted by the Alumni Association of the Medico Chirurgical College at its stated annual meeting held April 3, 1889:

"That the Alumni Association expresses its approval of the establishment of a State Board of Medical Examiners, provided an applicant for examination before such Board of Examiners shall hold a diploma from a medical college or university, requiring not less than a three (3) years' graded course; and that it heartily recommends that the time be increased from three to four years (graded course)".

[CONTINUED ON PAGE XII.]

ANTISEPTIC DRAINAGE TUBES.—GLASS.

Made after Patterns furnished by Prof. S. W. Gross.

These tubes have large holes, one-half inch apart, arranged alternately on opposite sides.
They are carefully finished, especial care being taken to make them smooth.
In addition to the drainage holes, each tube has at one end, two smaller holes for the insertion of Safety Pin, through which it is prevented slipping into the wound.

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No. 2, 1.25 " No. 5, 1.70 "
No. 3, 1.40 " No. 6, 1.90 "
No. 7, $2.10 per doz.

RAW CAT-GUT. I put this up in coils of 10 feet, four different sizes. Nos. 1, 2, 3, 4. (4 is thickest.) Nos. 2 and 3 are the most useful sizes. **No. 1, coil 10 cents; No. 2, coil 12 cents; No. 3, coil 14 cents; No. 4, coil 16 cents.** Full directions with each coil for making it absolutely aseptic.

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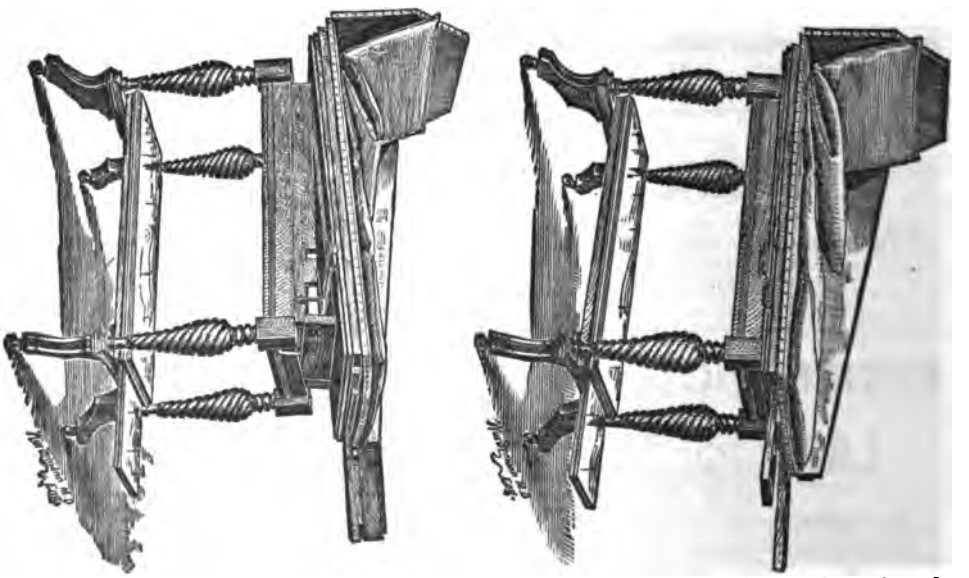

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The most eminent and successful Practitioners consider LACTOPEPTINE the Standard remedy in the treatment

of all those ailments in which deficient digestion is the direct or indirect cause of pathological conditions.

LACTOPEPTINE.

The most important Remedial Agent ever presented to the Profession for DYSPEPSIA, VOMITING IN PREGNANCY,

CHOLERA INFANTUM,

CONSTIPATION *and all diseases arising from imperfect nutrition.*

LACTOPEPTINE IN CHOLERA INFANTUM.

We desire to direct special attention to the great value of LACTOPEPTINE in Cholera Infantum, and other intestinal troubles incident to the heated term.

Send address for our Medical Almanac, containing valuable information.

THE NEW YORK PHARMACAL ASSOCIATION,

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Guaranty Investment Company.

CAPITAL, $250,000.

OFFICES: ATCHISON, KAN., 191 BROADWAY, N. Y., 222 WALNUT STREET, PHILADELPHIA.

HON. ALBERT H. HORTON, President,
Chief Justice, Kansas Supreme Court, Topeka, Kan.

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THE GUARANTY INVESTMENT COMPANY presents to intending Investors the following considerations why its securities are safe and desirable.

FIRST.—The Company claims to give unusual fullness of information about the security of its loans. It places in the hands of the Investor the sworn statement of the mortgagor himself in regard to the number of acres, the nature and extent of the improvements; the sworn opinion of two of his neighbors as to the value of the land improvements; the report of an examiner who visits the farm and verifies the statements made by the mortgagor and states his reputation for thrift and economy and finally a carefully prepared statement by the officers of the Company regarding the material development of the county where the farm is located, its natural advantages and railroad facilities, with statistics about immigration and the crops of the previous season.

Every Investor can therefore judge whether the section is advancing or going backward and whether the above claim for unusual fullness of information is well founded.

No loan is ever taken in the East which has so much written proof of absolute safety.

SECOND.—The Company claims that its carefulness in taking only amply secured loans is demonstrated by the fact that

IT HAS NEVER YET HAD A FORECLOSURE OF A SINGLE LOAN.

THIRD.—Every loan is guaranteed absolutely, not merely as to validity of title, but also as to repayment of the money, and the whole capital of the Company is pledged to make this guarantee good.

Interest at the rate of Seven Per Cent. (double the rate of Savings Banks) is payable semi-annually, on the day it is due at the Importers and Traders National Bank, New York City.

FOURTH.—A Committee of Investors is sent every year to Kansas and Nebraska to examine the methods of business employed by the Company, and also to test the security of its loans by visiting the very farms themselves.

FIFTH.—The Company gives to the Eastern public the opportunity of seeing the various products raised in the very localities where it makes its loans. It had on exhibition at the American Institute of New York City from October 3d to December 15th, 1888, a beautiful assortment of Kansas and Nebraska grain, fruit and grasses. Part of the Exhibit was the display made by Custer County at the Nebraska State Fair, for which a prize of $100 was awarded.

These products can be seen at the New York Office of the Company and are well worth an examination. The Highest Reward of Superiority was given to the Company by the American Institute for this exhibit.

SIXTH.—The Company publishes every month a Bulletin giving full information about the amount, security, improvement, location, distance from railroad, &c., &c., of every loan offered for sale.

Further information in regard to any of the above points will be gladly furnished on application.

ADDRESS FOR MONTHLY BULLETIN AND INVESTORS COMMITTEE REPORT FOR 1888,

HENRY A. RILEY, General Eastern Manager,

191 BROADWAY, NEW YORK.

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FORD'S AND OR GOLDEN SCALE PEPSIN

The above specifies two brands of pepsin which fill every requirement that can properly be predicated upon this wonderful ferment.

These pepsins differ only in their environments,

FORD'S PEPSIN being especially adapted for use as a permanently dry powder, alone, or in combination; and

GOLDEN SCALE possessing ready solubility and admirably fitted for use in liquid form.

Physicians are now well aware that there is no logical or necessary connection between high prices and quality, and the fact is universally recognized that we were the pioneers in establishing for pepsin a relation between

LOW PRICES AND HIGH DIGESTIVE POWER

which has given occasion for greatly developing and extending the usefulness of pepsin.

Therefore, in justice to yourselves as physicians, to your patients as depending upon you, and to us as a consequence, always let the word "Pepsin" suggest **FORD'S AND OR GOLDEN SCALE PEPSIN.**

Write for samples. NEW YORK & CHICAGO CHEMICAL Co
96 MAIDEN LANE NEW YORK.

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Dr. Benjamin Lee, secretary of the State Board of Health, has gone to Florida on a sanitary mission of some importance. The legislature of that state at its last session passed a resolution requesting that a commission of sanitary officials should visit Jacksonville and other points especially exposed to yellow fever, and confer with the newly created State Board of Health as to the proper means to adopt to prevent a recurrence of the serious epidemic of previous years. Dr. Lee represents the interests of the Middle Atlantic District on the commission. Had a State Board of Health been in existence there two years ago, many lives and millions of dollars might have been saved. It is to be hoped that the result of this conference will be so to strengthen the hands of the young Board that all the money needed to carry out the measures proposed will be forthcoming, and that its orders will be implicitly obeyed.

MEDICO-CHIRURGICAL COLLEGE.

QUESTIONS ON THERAPEUTICS.

1. Write a prescription for each of the officinal drugs used to produce anæsthesia for surgical operations. What symptoms may arise during the anæsthetic sleep that would indicate danger to the patient? What treatment would be appropriate in each case?

2. Give the antidotes to poisoning by Strychnine. Rough on Rats. Paris Green. Carbolic Acid. Corrosive Sublimate.

3. Write a prescription for a cardiac depressant in combination with a diaphoretic in proper form and dosage.

4. What is an alterative? Give examples of officinal preparations used as alteratives.

5. Write a prescription, and indicate the treatment, for a case of Rachitis, in a child of one year of age.

6. Give the Pharmacopœial definition of Colchicum. What preparations are officinal? Give their doses.

7. What is the physiological action of Digitalis? Which conditions of the heart and blood-vessels would suggest caution in its use?

8. A patient, who has been taking medicine for some time, presents himself in the following condition: face pale; offensive breath; bad taste in the mouth; tongue swollen and furred; gums soft, bleeding, falling away from the teeth; free flow of saliva; loss of appetite; general prostration; and tendency to diarrhœa. What agent would cause such symptoms? What treatment should be instituted?

9. Give the source of the following agents and very briefly outline their action and therapeutic applications: Atropine, Apomorphine, Salicylate of Physostigmine, Codeine and Thebaine.

10. Define the term "Reaction of Degeneration," in electro-therapeutics.

A musicale and promenade concert was held at Hazeltine's galleries for the benefit of the Medico-Chirurgical Hospital on Monday evening, April 8, 1889. The galleries were crowded with an appreciative audience. We understand that a handsome sum was realized for the Hospital.

The music was furnished by the Apollo Club, Mr. William B. Elliott, Musical Director, assisted by the following artists: Madame Edouard de Castel, Soprano; Prof. Carl Wittig, Musical Director St. John's R. C. Church; Prof. Charles F. Blandner, Pianist; Mr. H. J. Harris, leader of orchestra.

SYPHILIS AND ATAXY.—Among patients affected with nervous diseases, tabes and progressive paralysis are encountered with equal frequency. Among Jews; tabes 0.7 per 100; paralysis 0.7 per 100; among Russians: tabes 3.25 per 100: paralysis 4.8 per 100.

Syphilis is also five times more frequent among Russians than among the Jews.

—MINOR, in *Arch. de Neurol.*

Dr. Alfred Ludlow Carroll has removed to 30 West 59th street, New York.

A graduate of this spring, who is also a graduate of Pharmacy, and speaks German and English, desires a situation as assistant to a physician in active practice. Address, M.D., Ph.G., at this office.

A young physician with good recommendations, whose time is not fully occupied with his literary work, is at liberty to assist a physician. For further particulars apply to Mr. J. H. Black, 1818 Arch Street, Philadelphia.

[CONTINUED ON PAGE XVIII.]

GONORRHŒA

I have recently published a compact twenty four page pamphlet on **"The Treatment of Gonorrhœa and its Sequelæ,"** by means of Soluble Medicated Bougies, containing many valuable hints for treatment. This will be sent **free** on application, together with samples of the Bougies, to any physician who will mention the "Phila. Medical Times," and enclose his business card or letter heading. Address

MANUFACTURER OF **CHARLES L. MITCHELL, M.D.,**

Soluble Medicated Gelatin Preparations. 1016 Cherry St., Philadelphia, Pa.

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RESTORATIVE WINE OF COCA

For Nervous Prostration, Brain Exhaustion, Neurasthenia, and all Forms of Mental and Physical Debility.

This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well-known that the cocaine contained in the coca leaves varies considerably in its proportion; hence, giving to the wines as ordinarily made uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable, and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

Prof. M. Semmola, M.D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M.D., says: A wine-glassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. It produces also excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results.

FEBRICIDE.

A complete Antipyretic, a Restorative of the highest order, and an Anodyne of great Curative Power.

℞ Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

In the dose of one or two pills, three times a day, "Febricide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. **For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a Specific.** Reports received from Physicians of eminence warrant us in recommending "Febricide" in the highest terms to the Medical Faculty.

Dr. J. A. Brackett, of Pembroke, Va., writes: I have used FEBRICIDE in a case of childbed fever with remarkable effect, temperature 103. I had tried other usual remedies without much change, soon after using FEBRICIDE the change was like magic.

Dr. C. E. Dupont, of Grahamville, S. C.: FEBRICIDE has proved of great benefit to the patient I tried it on. It was a case of malarial Toxæmia, in an old lady, the attacks had become very irregular and lately had been attended with intercostal neuralgia, which alarmed the patient exceedingly; she is charmed with its action. FEBRICIDE certainly acted well and quickly as heretofore it usually took me 10 days at least to relieve her of an attack, but this time she was up on the 4th day and wanting to go on a visit.

Dr. R. C. McCurdy, of Livermore, Pa.: Have used FEBRICIDE in two cases with *grand results*. In one case of sick headache it acted immediately.

NATROLITHIC SALT.

Containing Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium, Sulphate of Lime, Sulphate of Magnesia, and Carbonate of Lithia. For Habitual Constipation, Rheumatism and Gouty Affections. Biliousness, Corpulence, Dyspepsia, and all Derangements of the Digestive Tract, it is a wonderful remedy. *Does not gripe after administration.*

YARDLEY, PA., July 15, 1887.

DEAR SIRS:—I postponed writing you regarding the Natrolithic Salts until I had given them a thorough trial. Feeling confident now that they have stood a rigid test, I feel it my duty to inform you as to the results: I have used the Natrolithic Salts in fourteen different cases and they have fully supported all your claims and even more. In two severe cases of gastro-intestinal catarrh they acted very satisfactorily not causing the disagreeable nausea and depression which accompanied the use of other laxatives. Their action was admired by my patients and also by myself. In one case of habitual constipation which seemed to resist all the usual remedies, I gave the Salts and as usual with gratifying results. As I heretofore stated I like their effect on the system, They are pleasant to take. There is no nausea or depression; no languor or loss of appetite when their action is completed. In cases of exhausted vitality where constipation exists I have also tried them with the same good results. In removing indigestible food from the alimentary canal,—a common complaint during the hot weather—I prescribe them daily, the action on the bowels being quick and the relief correspondingly prompt.

I trust the profession will give them a trial, feeling confident that they will be well pleased with the results obtained.

Yours respectfully, ELIAS E. WILDMAN, M.D.

A Sample Bottle or Box of either remedy will be sent, free of charge, to any Physician who may wish to examine the same.

HEALTH RESTORATIVE CO., - 10 West 23d Street, New York.

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We bring to your attention THE BEST TIME and LABOR Pocket Record Book ever devised.

READ OUR SPECIAL OFFER BELOW.

The Medical Bulletin Visiting List,

OR

PHYSICIAN'S CALL RECORD.

Arranged upon an original and Convenient Monthly and Weekly Plan for the Daily Recording of Professional Visits.

The Visiting List is arranged upon a plan best adapted to the most convenient use of all physicians, and embraces a new feature in recording daily visits not found in any other list. The necessity of rewriting the names of patients *every week is obviated*, as the arrangement of *half-pages requires* the transfer of names *only once a month*; at the same time the record is kept just as perfect and complete in every detail of *visit, charge, credit, etc.*, as by the old method. There are no intricate rulings; everything is easily and quickly understood; not the least amount of time can be lost in comprehending the plan, for it is acquired at a glance.

FULLY THREE-FOURTHS *of the writing required by other Lists is saved by using this one.* Instead of writing your list of calls FOUR TIMES *a month*, only ONE writing is required, and yet, *by the simplest device imaginable*, your record is kept in EVERY PARTICULAR, as FULL and COMPLETE as it could be in any of the old weekly Lists, and with much more ease and satisfaction to the busy Practitioner, who is often vexed and annoyed by *being obliged each* WEEK to rewrite the names of his patients.

Physicians of many years' standing and with large Practices, pronounce this

THE BEST LIST THEY HAVE EVER SEEN.

It contains all the useful printed matter usually found in such publications, following which comes the Visiting List proper, consisting of Blank Pages and Half-Pages, conveniently ruled for recording visits; Special and general memoranda, Addresses of Patients, Nurses, and others; Obstetric, Vaccination, Births and Deaths Records; Bills Rendered, Cash Accounts, etc., etc. Handsomely bound in fine, strong leather, with flap. Compact, light, and convenient for carrying in the pocket, 4 x 6¾ inches.

IT CAN BE COMMENCED AT ANY TIME AND USED UNTIL FULL.

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No. 1.	Regular size, to accommodate 70 patients daily each month for one year	$1.25
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Pepsin isolated, ...	gr. iij
Diastase, purum., . . .	gr. ¼
Ext. Nucis Vom, ...	gr. 1-8
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M. Ft. Tablet (compressed) No. 1.

Price $1 35 per 100.

THERAPEUTIC ACTION OF INGREDIENTS IN MULFORD'S DIGESTIVE TABLETS.

Three grains of "ISOLATED" Pepsin will dissolve 4500 grains Coagulated Egg Albumen.

1-4 grain DIASTASE, pure, will convert 500 grains of Starch.

NUX VOMICA increases the peristaltic movements of the muscular coat of the stomach.

IPECAC stimulates the secretory glands.

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FACTORS OF ISOLATED PEPSIN, ANTISEPTIC VAGINAL TAMPONS, ETC.

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Made as Soft and Digestible as that of
Woman's Milk.

"From experiments which I have recently made — and my thanks are due to Prof. Salisbury of the Woman's Medical College, for assistance — it seems that the claim which is made by the advocates of the MELLIN'S FOOD is true, and that the addition of this food to cow's milk does cause it to break up in very small, flaky curds."— *Dr. Chas. Warrington Earle, Professor of Diseases of Children, Woman's Medical College, Professor of Obstetrics, College Physicians and Surgeons, Chicago, in his paper on Infant Feeding, before the American Medical Association, May, 1888.*

Any physician having a case in which he desires to test MELLIN'S FOOD can obtain a sample sufficient for trial, free of all expense, by application.

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Tonic Wine of Coca, a combination of Coca and Acid Phosphates.
Beef, Wine and Iron, made from fresh Beef Juice.
Tonic Syrup Hypophosphites, (Iron, Lime, Soda, Potass., Manganese, Quinine, and Strychnine.)
Emulsion of Norwegian Cod Liver Oil with Hypophosphites, acceptable to the weakest stomach.
Vinum Condurango, for the treatment of Carcinoma.
Fl. Extract Ergotæ and Ergotine (Bonjean), for administration per os and hypodermically.

ORGANIC IRONCOMBINATIONS.

Syr. Ferri Albuminat.; Syr. Ferri Oxydat. Solub.; Liq. Ferri Albuminat. and Peptonat. are free from Acid, palatable, readily assimilated, and mix with Water, Milk, Wine, or Brandy.

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VINUM DIGESTIVUM.

(PROCTER.)

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More than ten years since, this preparation was introduced to the profession, and we are pleased to be able to state that it is still the favorite with the large number of Physicians who have tested and found its unfailing digestive power.—Apepsia and Indigestion in its various phases, and especially as they occur in infancy, indicate its administration.

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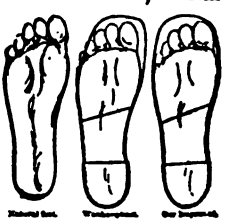

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LITHIATED HYDRANGEA.

KIDNEY ALTERATIVE—ANTI-LITHIC.

Formula.—Each fluid drachm of "Lithiated Hydrangia" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

Dose.—One or two teaspoonfuls four times a day (preferably between meals.)

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

We have had prepared for the convenience of Physicians **Dietetic Notes,** *suggesting the articles of food to be allowed or prohibited in several of these diseases.*

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations, bearing upon the treatment of this class of Diseases.

LAMBERT PHARMACAL COMPANY,
116 OLIVE STREET, ST. LOUIS.

RHEUMATISM.

DIETETIC NOTE.—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

Allowed.—Beef and mutton in moderation, with horse-radish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

Avoid.—Starchy an saccharine food; all malt liquors, wines, and coffee.

A Most Useful Compound for Headache, Neuralgic Pains, Irritable Stomach, Cardiac and Nervous Depressions, and Mental Exhaustion.

Wampole's Granular Effervescent

BROMO PYRINE

DOSE.—A heaping teaspoonful (containing 15 grs. Bromide of Sodium, 1 gr. Bromide of Caffeine, 3 grs. Antipyrine) in half a glassful of water, may be repeated every hour until the desired result is obtained.

Antipyrine, Sodium Bromide Caffein, Hydro-Bromate.

Granular Effervescing Bromo-Pyrine (large 4-oz.), per doz., $10.00; retail price, $1.25.
Granular Effervescing Bromo-Pyrine (small 2-oz.), per doz., $6 00; retail price, 75 cents.

DISCOUNT, 10 per cent.

A full line of Effervescing Salts, comprising all known combinations. Quotations cheerfully furnished for Salts in bulk. In Bulk $2.2⁵ per lb. net.

Prepared Solely by
Henry K. Wampole & Co.,
MANUFACTURING CHEMISTS,
PHILADELPHIA.

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There is nothing like going from home to hear the news. The *Revue Scientifique* reports that an American proposes to issue pathological works accompanied with *phonographic plates*, giving the sounds of the heart, lungs, etc.

The use of light beer is rapidly spreading in India. This is supposed to be a deep laid scheme of Bismarck. Next, he will claim all as German in whose veins beer will circulate, and, on that pretext, will annex India.

Professor Gross is at the time of writing lying sick with pneumonia.

It is said that an attempt is being made to boom an Arizona candidate because he is fond of champagne. Won't do! The qualification is too general. This reminds us of a little anecdote. In our college days, one of the theological students who, even at that early date, had developed a love of quacking, was quite enthusiastic over the "Hygeio-Therapeutic System." One day he was called out to see a patient, for whom he prescribed a pack and a bath. On returning to his room he consulted his manual and found that, assuming his diagnosis to be correct, the prescription was that set down in the book. This pleased him so much that he bragged a little of his proficiency, until another student remarked that there was but little chance of making a mistake, as the book *always* prescribed a pack and a bath, no matter what was the disease.

[CONTINUED ON PAGE XXVII.]

SVAPNIA

OR

PURIFIED OPIUM

FOR PHYSICIANS USE ONLY.

Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia. Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narceine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and whenever used has given great satisfaction.

To PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent. Morphia strength.

JOHN FARR, Manufacturing Chemist, New York.

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The only prominent Emulsion of Cod-Liver Oil introduced directly to the medical profession. It is advertised exclusively in medical journals.

HYDROLEINE.

(HYDRATED OIL.)

Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose contains:			
Pure Cod Liver Oil	30 m. (drops)	Soda	1-3 Grains
Distilled Water	35 "	Salicylic Acid	1-4 "
Soluble Pancreatin	3 Grains.	Hydrochlo Acid	1-30 "

Recommended and Prescribed by EMINENT PHYSICIANS Everywhere, It is pleasant to the Taste and acceptable to the most delicate Stomach.

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuæ, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

The following are some of the diseases in which HYDROLEINE is indicated:

Phthisis, Tuberculosis, Catarrh, Cough, Scrofula, Chlorosis, General Debility, etc.

TO BRAIN WORKERS of all classes, HYDROLEINE is invaluable, supplying as it does, the true brain-food, and being more easily assimilated by the digestive organs than any other emulsion.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," and "Consumption and Wasting Diseases," by two distinguished London physicians, which will be sent free on application.

SOLD BY DRUGGISTS GENERALLY.

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SOLE AGENT FOR THE UNITED STATES. 115 FULTON STREET, N. Y.

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For the Medical and Surgical Treatment of Diseases of Women.

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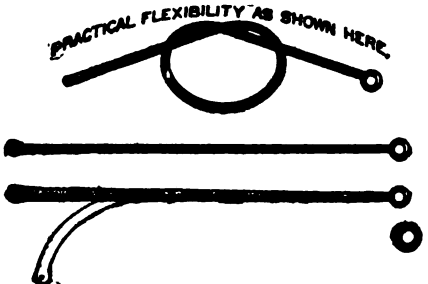

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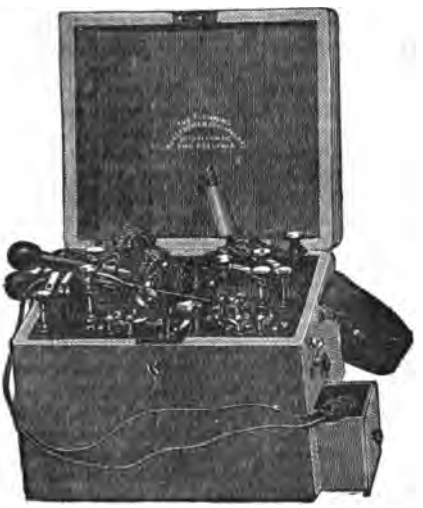

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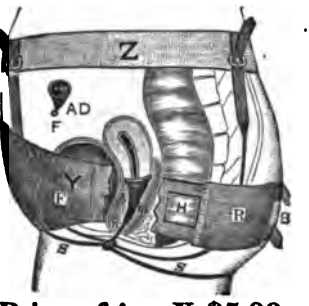

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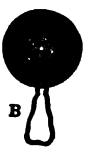

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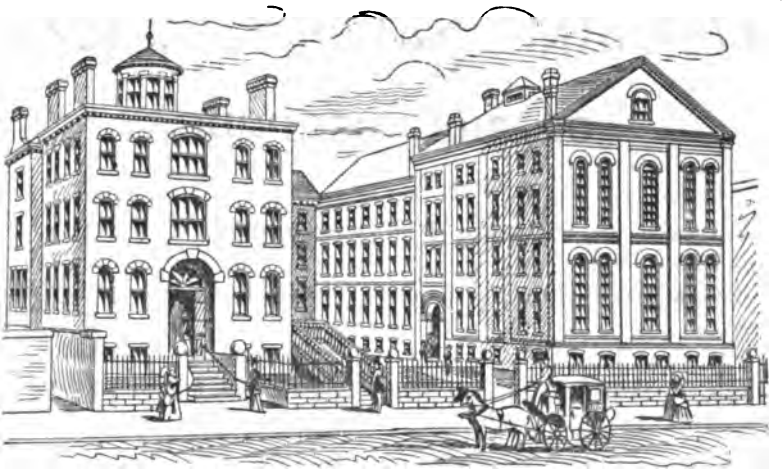

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Begins April 12 and ends June 15.

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Hour.	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9 A. M.	Urinalysis. Dr. West.	Pathology. Recitation. Prof. Gerhard.	Hospital Clinics.		Bandaging.	Hospital Clinics.
10 A. M.	Diseases of the Heart. Recitation. Dr. Aulde.	Medical Microscopy. Dr. Vansant.		Therapeutics and Hygiene. Alternately. Dr. Anders.	Obstetrics. Recitation. Prof. Stewart.	
11 A. M.	Practice. Recitation. Prof. Waugh.	General Chemistry. Recitation. Prof. Howell.		Medical Chemistry Recitation. Prof. Howell.	Skin Clinic. Prof. Shoemaker	
12 M.	Medical Clinic. Prof. Waugh.	Materia Medica and Pharmacy. Dr. Fisher.		Osteology and Syndesmology Dr. Boenning.	Surgical Anatomy Dr. Boenning.	
1 P. M.	Surgical Clinic. Prof. Stubbs.	Gynecological Clinic. Prof. Montgomery.	Surgical Clinic. Prof. Pancoast.	Surgical Clinic. Prof. Goodman.	Eye Clinic. Prof. Keyser.	Surgical Clinic. Prof. Garretson.
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An exhibition of progress in pharmacy and the allied branches was given at the Philadelphia College of Pharmacy, March 13th, 14th, and 15th.

Many very curious books, mortars, specimens, physical and chemical apparatus, and other interesting articles were loaned to the exhibition by Professors Remington, Maisch, Trimble, and Sadtler; and some very creditable specimens of handiwork were sent by alumni of the College.

A roll of adhesive plaster, made in 1850 and still in good condition, socotrine aloes in the skin of a monkey, some scales without weights, and the compressed pill-machines, attracted much attention.

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NOTICE.—An Army Medical Board will be in session in New York City, N. Y., from May 1st to 31st, 1889, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application for the necessary invitation to the Secretary of War before May 1, 1889, stating the place of birth, place and State of permanent residence, and enclosing certificates based on personal knowledge from at least two persons of repute, as to American citizenship, character and moral habits. Testimonials as to professional standing, from professors of the Medical College from which the applicant graduated, and of service in hospital from the authorities thereof, are also desirable. The candidate must be between 21 and 28 years of age, and a graduate from a *Regular Medical College*, evidence of which, his Diploma, must be submitted to the board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon General, U. S. Army, Washington, D. C.

JNO. MOORE,
Surgeon General, U.S. Army.

Surgeon General's Office, Washington, D. C., April 1, 1889.

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Its Curative Properties are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

In Cases where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

Its Action is Prompt; stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

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From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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SOME SEASONABLE REMEDIES.

1888-1889.

McK. & R. PILOCARPINE GRANULES.

1-60, 1-30, 1-8 grain.

Acute affections of the respiratory organs. Dr. Wyss (*Der Fortschritt*). In a great number of cases the remedy produced speedy relief and rapid recovery. Dose ¼th grain after the patient has gone to bed, or about two hours after food—never fasting.

McK. & R. TARTAR EMETIC GRANULES.

1-100, 1-20, 1-8, 1-4 grain.

Pneumonia, with special reference to the after-history of cases. Arthur Jamison, M.D., B.M.J., June 30th. Observations founded on the use of various drugs in 213 cases. Dose, 1-20th grain every hour for young adults, less frequently for older people.

McK. & R. TERPIN HYDRATE PILLS.

2 grains.

Catarrh of the lungs, chronic bronchitis. Lépine, Fournié, Boyland and others. Dose, 2 to 10 grains. Dr. Prosser James, *Lancet*, March 10, recommends the pill form.

McK. & R. OXALATE OF CERIUM PILLS.

1, 2 and 3 grains.

A serviceable remedy in many kinds of cough. Dr. Hobart Chessman, *Med. Record*, June 2. Dose, 2 to 3 pills several times a day, as indicated.

McK. & R. NITRO-GLYCERINE GRANULES.

1-200, 1-100, 1-50 grain.

Dyspnœa of asthma and bronchitis. Highly spoken of by Dr. Thomas R. Frazer, *Lancet*, January 9, 1887. The smallest of these granules represents one drop of the one per cent. solution. Dose, 1-200 to 1-50 grain.

McK. & R. HYOSCYAMINE GRANULES.

(Alkaloid): 1-200, 1-100, 1-50 grain.

Dyspnœa and spasm of involumtary muscular fibre. Dr. Benj. Walker. One granule of 1-200 grain may be given every hour or half hour until the spasm disappears.

McK. & R. WOOD CREOSOTE PILLS.

1-2 and 1 grain.

Phthisis, especially in the first and second stages. Dose, one-half to one grain three times a day after meals. The medicine should be given for a long time, the dose being increased as indicated.

McK. & R. COUGH PILL. (DeMussy.)

This will be found useful in the cough of emphysema, chronic bronchitis, etc. It consists of Purified Tar, 1 grain; Powdered Gum Benzoin, 1 grain; Dover's Powder, 1 grain.

McK. & R. ACETANILID PILLS.

5 grains.

In croupous pneumonia for the reduction of temperature. Has been extensively used with good effects. Dose, 5 grains, increased.

McK. & R. COCAINE.

(LARGE ANHYDROUS CRYSTALS.)

Pleurisy. Dr. Henry C. March, *Brit. Med. Jour.*, July 14. Dose, 1-5 to 1-4 grain of cocaine injected over the seat of pain as indicated by the patient. It is superior to morphine and places a decided check on the tendency to effusion.

McK. & R. TEREBENE.

Winter cough. Used by Dr. Wm. Murrell, and many others in the form of spray, and internally in doses of 10 drops on sugar every four hours. Care should be taken to see that the drug is pure to prevent irritant effect. A monograph on its use will be sent on application.

McK. & R. SALOL PILLS.

2 1-2 and 5 grains.

Pleurisy. Dr. Joseph Dozewiecki, *Medical Record*, Aug. 25. After giving several cases the writer says: "However, I must call attention to this, that in order to receive a quick effect from salol, it must be given in large doses, 3 ij-3 iij, daily. Smaller doses, as half a gramme, even given often, have no such good action." Salol has been used with good results in rheumatism, diarrhœa, dysentery, etc. Send for our new monograph on its recent employment.

McK. & R. BROWN MIXTURE PILLS.

Acute bronchitis and catarrhal laryngitis. Our pill represents one teaspoonful of the official brown mixture of the U. S. Pharm., with the addition of one grain of muriate of ammonium and omission of the spirits of nitre. It contains the purified extract of licorice. Dose, one to three pills.

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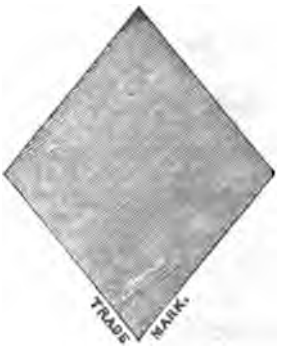
DEMAND THE 

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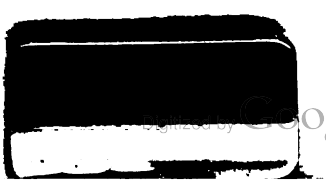
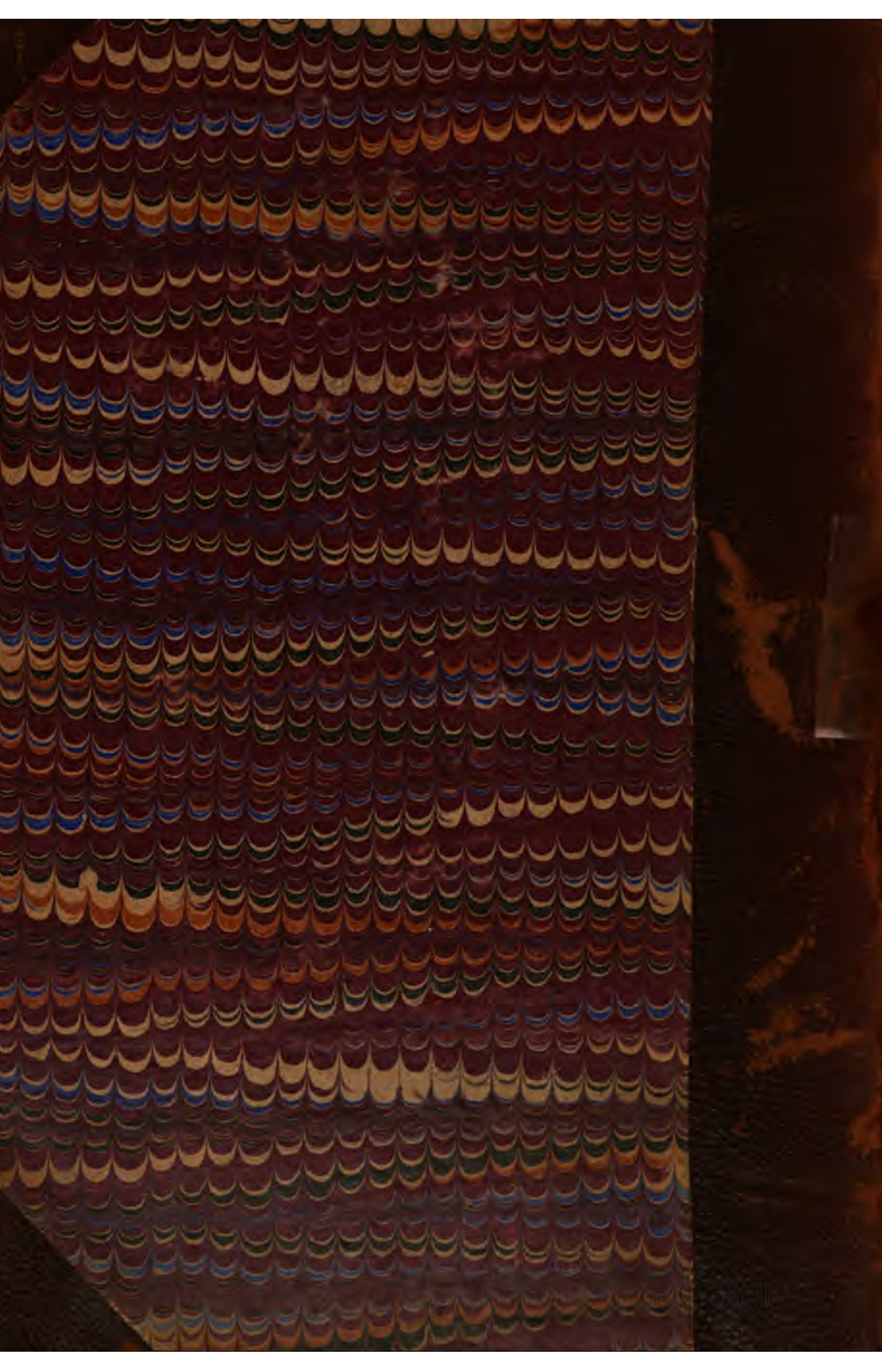
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